HEALTH DEPT.

and & to any delay is

5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of P.M.3. Pag mecessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2 the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with forms. Health prior to buriol, cremotian, or remaval, and in any event within 72 hours ofter death.

SICAL EXAMINER: This certificate shauld be executed within 24 hours ofter death

TO DEPUTY

VR A15ME SV 10M REV. 1

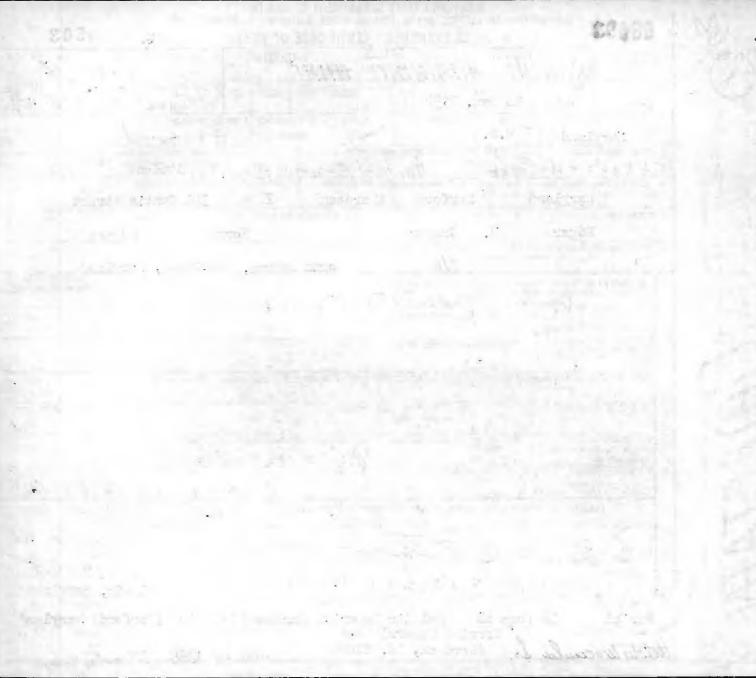
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08493

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH

		CEASED-NAME ype or Print)	First		Middle		Lost			20. DATE KNOWNE	Month D	oy Yeor	2b, HOUR
			ERMA	· · · · · · · · · · · · · · · · · · ·	LEANNA		ASHBY			DEATH MATED		e 2/1968	134W
	3. SE.		4. RACE	S. DATE OF BIR	TH 6. Al	GE (In years Liberthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 2	MIN MIN	2c. DATE PRONOUN	CED DEAD Doy 7 9	Yeor /	247948
		emale	White	10/21/0						Month Ju V	2 2	19 6	\$ pM
		IRTHPLACE (Stot	e or foreign 7 Virginia	b. CITIZEN OF WHA	THE PERSON NAMED IN CO.		RIED NEVER MA	100	9. COU	NTY OF DEATH			
				U.S.				ORCED		Harford		L MANUEL AND BANK	Md.
(Ha	TY OR TOWN O	Grace	give s	ME OF HOSPITAL OR I	Memor	rial Hos	pitur	most of Nu	working life, even PSE	if retired.) IN	b. KIND OF BUSI DUSTRY Hospi	
Y	13o.	USUAL RESIDEN	CE (Where deceose Maryland	d lived, if institu	tion: Residence befor			Ad. INSIDE CITY I		13e. STREET AND NU			
+							de Grac			2545 010		Hood Re	oad
1	14. FA	THER'S NAME	First	Middle			15. MOTHER'S MAI		First		Middle	lost	
			Walter		Swecker			I	ina		Hogan		
	160, ¥	VAS DECEASED EV es, no, or unknov NO	/ER IN U.S. ARMED FO	ORCES? or ar detas at service)	16b. SOCIAL SECURITY		. INFORMANT			ADD			
					235-30-29		Barbara	A. Ke	lley	Havre	de Gra	co. Mar	
		18. CAUSE OF	DEATH (Enter only DEATH WAS CAUSED	mv.	ne for (o), (b), and (c)							BETWEEN ONSET	
		0101	IMMEDIAT	E CAUSE (o)	un Itip		NJUS	150					
		S / 7 s	my, which gove)	DUE TO, OR	AS A CONSEQUENCE O	F							
-			liote couse (o).	(b)	4 - 4-4-4-4-4-4-4								
		stoting the ur	iderlying couse	DUE TO, OK	AS A CONSEQUENCE O	ır							
			,	(c)	10 TO DELTH SHE 10	w Delayen w	A CULTURE TO THE TOTAL OF THE T	-50.5- 00.5					
		PART 2. OTHER		ION2 CONTRIBUTE	NG TO DEATH BUT NO	I KELATED I	O THE TERMINAL D	DISEASE OR C	ONDITION	GIVEN IN PART 1(c	0)		
	TION	190. DATE OF C			19b. CONDITION FOR	WHICH OPER	RATION					20. AUTOPSY	?
2	CERTIFICATION				WAS PERFORMED)?						YES 🗔	NO TO
		210. EXTERNAL		21b. TIME OF	INJURY Month, Doy, Ye	or 21	c. HOW INJURY OF	CURRED (En	ter noture	e of injury in Port 1	or Port 2, Item		(A)
	MEDICAL	CAUSE OF DEAT	R CONTRIBUTING	HOUR A./	1.6-29	8	Auto	Ac	-	don	+		
2	MED	21d. INJURY OC	CURRED 218 P	LACE OF INJURY (A	t home, form, street,	21	f. LOCATION Street	or R.F.D. No.		City or Town		County	Stote
3		AT WORK	OT WHILE AT WORK	ory, office building	g, etc.)	-) /	Popin Hos	od Ra	1. H	Arrea	p Grau	of the	2. M/
St.		22a. 1			ne remains describ	ed obove			(Ins	pection XX. (Inquiry X	ond in m	y opinian
			sulted from:				Suicide ,	Hamicid		Undetermined]	
			\sim	4.4.0	PO		CHI	EF MEDICAL	EXAMINE	R 🗆			
		ACTUAL SIGNATURE _	Lora	LU C	Jaln	ren	M.D. ASS	ISTANT MEDI	CAL EXAM	MINER	22b. DATE SIG		- 0-
		EXAMINER'S						UTY MEDICA		Secretary of	6-	27-1	56
大		NAME (Type)			mer, M.D							Marvl	and
)	230.	BURIAL, CREMA REMOVAL (Spec	ilul				OR CREMATORY			LOCATION (City or T		11	tote)
	-01	Burial	3 .	July 68		rd Mer	norial G			berdeen,			yland
	24.	FUNERAL DIRECT			g Funerally			2So. REC'D			REGISTRAR'S SIG		
	1//	46/14/1	16Count	/N-	Aherdeer	n. Mr.	27.007	DATELLE	- 3	PHOSE /	Charle	1 years	

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DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND 21201 08503 MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED-NAME First Ralle Key 20. DATE KNOWN 2b. HOUR Yeor (Type or Print) FSTI-0 DEATH MATED deloy 3. SEX 4 RACE S. DATE OF BIRTH IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD 6. AGE (In years 2d. HOUR pue kast birthday! 24 Jan. 1954 land2 with the State Depart 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH Office along with form country) U.S.A WIDOWED IT DIVORCED [Maryland 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 24 hours ofter death 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life eyen if retired.) give street oddress) 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER odmission) STATE Marvland 13b. COUNTY Harford Item 18. Aberdeen YES IN NO 301 Custis Stree after 14. FATHER'S NAME Middle Lost 15. MOTHER'S MAIDEN NAME First Edgar R. Cregar Norma Hughes Examiner's hours poges 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS be executed within pencil (Yezzne, or unknown) Aberdeen, Maryland Norma Dubree. within APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) parmit. should be forworded to the Chief Medical BETWEEN ONSET AND OEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE IN PECOPI event DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if only, which gove rise to immediate couse (a). ony This certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse 2 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1161 0 CS be used 190. DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificote, 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) FUNERAL DIRECTOR: Page 3 shiguid MEDICAL PRIMARY STOR CONTRIBUTING HOUR A.M. EXAMINER: CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) WHILE AT WORK AT WORK 220. I certify that I taak charge of the remains described above, held on Autopsy ... Inspection Inquiry and in my opinion death resulted fram: Natural causes Accident X. Suicide Hamicide Undetermined monner CHIEF MEDICAL FXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER the tuneral O DEPUTY DEPUTY MEDICAL EXAMINER 5 moy 10 FUNES **EXAMINER'S** NAME (Type) ADDRESS(Street, city, town, or county) 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) 1h June 68 Bel Air Memorial Gardens | Bel Air (Harford) Maryland Tarring Funeral Home 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Aberdeen, Md. 21001 DATE JUN 17 1968 policy by



08494 ruges I and 2 us other death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital ar attending physician.

tely filled

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled director, page 3 shauld be detached for use as the burial-transit permit. Then please remave corban page should be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within 2.

SOM REV.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

	DECEASED-NAME	First /	Middle	losty	2g. DATE OF DEATH	2b. HOUR
L	Type or print) (h	ARIOTTE	VIRGINIA	12A55	JUNE Month 4	y Year 68 9 4 M
3. S	7	4. RACE	, 0	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
	TEMALE	Wh	17E	24 January		months DATS ROOKS MIAL.
	BIRTHPLACE (State or fore	ign 7b. CITIZEN OF WHAT	MAKKIEU	NEVER MARRIED	9. COUNTY OF DEATH	/
	MO.	451	/ WIDOWED	and the same of th	HARTORD	Md.
	LAURE OF DEATH	gjv9/stree	OF HOSPITAL OR INSTITUTION (If no	. / // during m	JAL OCCUPATION (Kind of work dane nast of warking life, even if retired.) Housewife	12b. KIND OF BUSINESS OR INDUSTRY Home
			Residence befare 13c. CITY OR	/ /	UMITS? 13e. STREET AND NUMBER	
ugij	nissian) STATE	13b. COUNTY H	ARKED ABER	Vec > YES N	10 172 DARLIN	gter Hoe.
14.	FATHER'S NAME First	Middle	Last 15.	MOTHER'S MAIDEN NAME	First Middle	Last
	JAMO	25 KAYM	ONd Meredit	Marg	aret Draper) (D)(
160	. WAS DECEASED EVER IN I		b. SOCIAL SECURITY NO. 17. IN	IFORMANT	Address	
	Yes, No ar unknawn)	tarding was as anims as sensoral	277-16-31/10	Otia W. Bass	Aberdeen, Mary	rland
	18. CAUSE OF DEATH (Enter only one cause per line f	or (o), (b), and (c).)	79 12	4	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS	S CAUSED BY: IMMEDIATE CAUSE (a)/	4400- 0ta	the VM	ellemente	odan
	5719		CONSEQUENCE OF	41.	1.	12
	Conditions, if ony, which	h gave) (b)	Herecil	re Tu	clase	4cl6
	rise to immediate caus stating the underlying	DUE TO OD AC .	CONSEQUENCE OF			0
	last.	(c)	mar	is of the	M	
	PART 2. OTHER SIGNIFIC	ANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART I(o)	n ' 6
N	5710 11	tructine	of Her	- nau	led Immule	o run of del
CERTIFICATION	19g. DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, WERE FINDINGS (CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
RIFF			V v	YES NO X	CAUSES OF DEATH?	
E	21a. ACCIDENT WAS UN	W. 1 100 1 100 100 100 100		W INJURY OCCURRED (Ente	er nature of injury in Port 1 or Part 2,	Item 18.)
DICA	OR CONTRIBUTING CAUSE	l examiner) P.M.	Manth Day Year			
ME	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT	HOME, FARM, STREET, FACTORY,) 21f. LOGICE BUILDING, ETC.	ATION Street or R.F.D. No	o. City or Town	County State
	While Nat while at work				, ,	
	22o. I certify that	(I) (this haspital) ottend	est the deceased from	5-24,19	68, to 6-4, 19	Les, that (I) (we) lost
	saw the deced	sed olive on 6-6	19.68, ond	thot in (my) (our) op	pinion death accurred an the d	ate and hour and from the
	22b. SIGNATURE/2	above, (1) (we) (ala) (ala	not) view the body ofter d	earn.	I 00.	DATE SIGNED
	enn	nh. W.	Commo DEGRE	E PHYS.	MED. STAFF DIRECTOR PHYS. D	C/3/68
	22d. PHYSICIAN'S NAME (Type)			22e. ADDRESS		
,		Irvin L. Was		Havre de		
230	BURIAL, CREMATION,	23b. DATE	23c. NAME OF CEMETERY OR (23d. LOCATION (City or Town)	(County) (State)
	REMOVAL (Secit)	7 June 1968	Spesutia Cem		Perryman, (Har:	
24.	FUNERAL DIRECTOR		ADDRESS		BY REGISTRAR 25b. REGISTRAR'S	
	Tarring Fu	neral Home. A	herdeen, Md. 2	DATE	IN 10 1988 VCL	men fudge

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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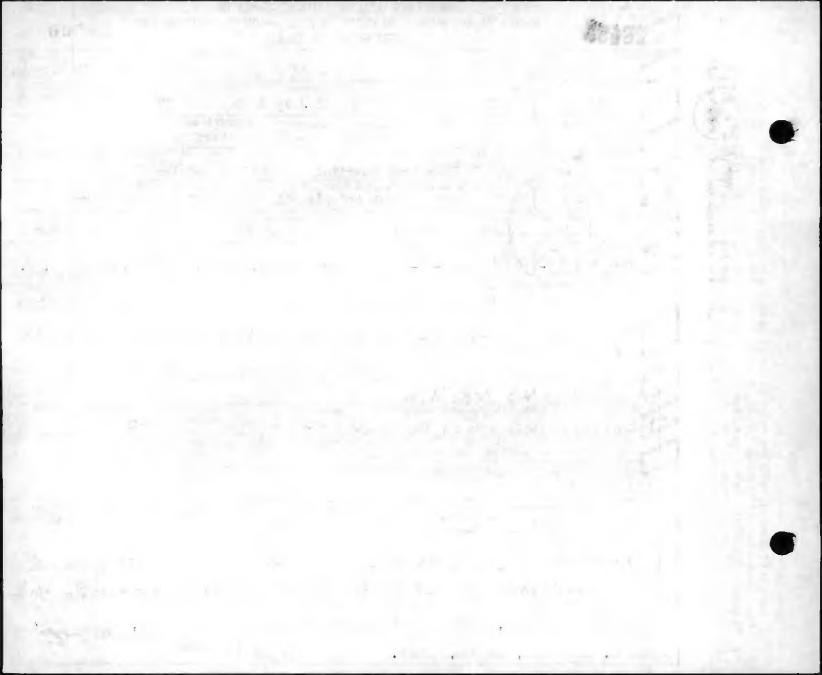
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

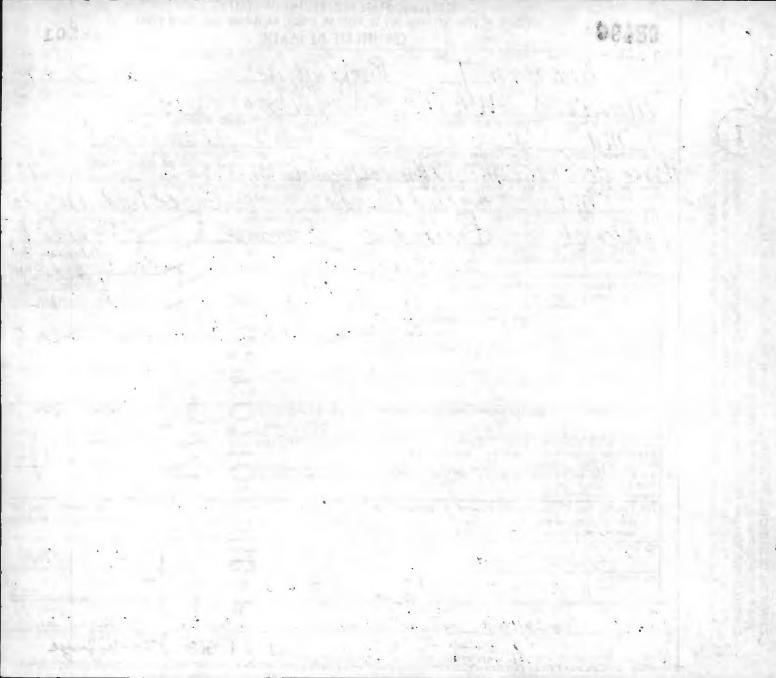
Page 4 may be retained by the hospital ar attending physician.

PC 8	ा सा			ERTIF	ICATE OF D	EATH				00120	
1. DECEASED-NAME	First		Middle		Lost		2a. DATE OF				2b. HOUR
(Type or print)	WILLI	MA	ROY		BRADLE	Y		JOHN	Data	78 8	1050A M
3. SEX		4. RACE			S. DATE OF BIRT	Ή.		6. AGE (In		IF UNDER 1 YEAR	IF UNDER 24 HRS.
M	ale	Ca	u		23 J	uly 18	89	last birthe	(ay) YRS.	MONTHS DAYS	HOURS MIN.
70. BIRTHPLACE (St		76. CITIZEN OF V USA		8. MARRIE	D NEVER MARRI	CV	COUNTY OF				Md.
10. CITY OR TOWN	OF DEATH		NAME OF HOSPITAL OR INS				OCCUPATION			12b. KIND OF 8	
Aberdeen	PG, Md	give	US Kirk Ar	ту Но	spital	during mos	in ed in	life aven if	retired.)	INDUSTRY	
130. USUAL RESIDE odmission) STATE	NCE (Where deceos		Bexar Bexar	13c. CITY	OR TOWN 13	d. INSIDE CETY LUM YES X NO		REET AND NU 26 Blo		Drive	
14. FATHER'S NAME	First William	Middle John	lost Bradl	ey	IS. MOTHER'S MAII	Jen NAME Fir			Middle elle	Luy	lost ster
160. WAS DECEASE	D EVER IN U.S. ARM		16b. SOCIAL SECURITY I	VO. 17	. INFORMANT			- 1	Address		
Yes, na, acunkn Yes	1919	or or deles of service)	457-64-7	407	Nancy S	heely,	RFD 1	Box	18A.W	Whitefor	rd, Md.
18. CAUSE O	F DEATH (Enter on	y one cause per	line for (a), (b), and (c).)							NATE INTERVAL NSET AND DEATH
PART I.	DEATH WAS CAUSED IMMEDIA	TE CAUSE (a)	arcino	OMC	ctosi					GM	cutin
15.	38		AS A CONSEQUENCE OF				,	4			
	ony, which gave	(b) C	sdemoc	anc	moma	010	the c	2/0-	n	JWW	offer
	ediate couse (a),{ underlying cause(DUE TO, OR	AS A CONSEQUENCE OF			0					
last.)	(c)									
PART 2. OTH	100		UTING TO DEATH BUT N	OT RELATED	TO THE TERMINAL	DISEASE OR CO	INDITION GIVEN	IN PART 1	0)		
E 1538	1910/10		mellit	S							
S 190. DATE OF			HICH OPERATION WAS PE	A CALLEGE OF BELLIO					INDINGS CO	NSIDERED IN CE	RTIFYING
₽ Nov	1967 0	arano	ma & the	colo	M YES 1	NO 🗌					
S OR CONTRIBU	NT WAS UNDERLYIN ITING CAUSE OF DEAT TIFY MEDICAL EXAMIN	H HOUR A.M	. Manth Day Year	21c.	HOW INJURY OCCU	RRED (Enter	nature of injur	y in Part 1	or Part 2, lt	rem 18.)	
While N	OCCURRED 21e.		AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	TORY,) 21f.	LOCATION Street	ar R.F.D. No.	City	ar Tawn		County	Stote
22a. I cert saw f	tify that (I) (the the deceased al es stated abave	s hospital) at live an, (I) (we) (did	tended the decease 1 (cid not) view the	ed from 9 8, 0 bady afte	and that in (my)	, 19 (our) apin	nian death o	iccurred o	n the dat	, that ie and haur c	(i) (we) last and fram the
22b. SIGNATU	RE	M	iniski		evreuphi.	_/ ME		STAFF PHYS.	_	ATE SIGNED	1.8
22d. PHYSICI NAME (1	AN'S	MVII	M ST	EII	22e. ADDR	ESS	FRMY		pire	APC	mal
23a. BURIAL, CREN REMOVAL (So	17.3		23c. NAME OF 968 Sunse			Park	23d. LOCATIO			(County)	(State)
24. FUNERAL DIRE			ADDRESS	2 2 %	7	So. REC'D BY	REGISTRAR	25b. R	PISCARE	HOME THE	7 :
John H	. Harki	ns, De	lta, Penna			DATE JUN	REGISTRAR 19	100	-	0	•

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cambletely filled in by director, page 3 should be detached far use as the burial-transit permit. Then please remayeration propers. Behauld be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any every within 7 homes. VR A15 (4) 30M REV. 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 38501 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle 2a. DATE OF DEATH 2b. HOUR First Thours after death, and (Type or print) Month 3. SEX. 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS last_bidthdoy) YRS. 7p. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED 🔀 NEVER MARRIED 9. COUNTY OF DEATH country) WIDOWED' DIVORCED 12o. USUAL OCCUPATION event, within 12b. KIND OF BUSINESS OR 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital (Kind of work done 10. CITY OR TOWN OF DEATH during most of wesking life, evertif retired.) INDUSTRY 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c_CITY OR TOWN 13d. INSIDE CITY LWAITS? 13e. STREET AND NUMBER requires that the death certificate be executed odmission) STATE 13b. COUNTY. YES NO. crematian, or remaval, and in any 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Middle 17 INFORMAN 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Address Yes, no. or unknown) (If yes give war or dates of service) 215-05-0790 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE AND Conditions, if ony, which gove) burial-transit rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF signed by stating the underlying couse burial, PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) priar tal ar attending has been 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 190. DATE OF OPERATION CAUSES OF DEATH? YES 🔲 NO this certificate 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED [Enter noture of injury in Part 1 or Part 2, Item 18.) JO Page 4 may be retained by the haspital TOR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) shauld be detached (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY Stote State Dept. City or Town County OFFICE BUILDING, ETC. While Not while of work at work O FUNERAL DIRECTOR: After 22a. I certify that (I) (this haspital) attended the deceased from IML _19_6 and that in/(my) (our) opinion death occurred on the date and hour and from the saw the deceased alive on_ causes stated obove, (1) (we) (did) (did not) view the body after death. 22c. DATE SIGNED 22b. SIGNATURE **ATTENDING** director, page 3 Shauld be filed v DEGREE DIRECTOR PHYS. PHYS. 22e. ADDRESS 22d. PHYSTCIAN'S NAME (Type) director, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE (County). (Stote) hu therese 250. REC'D BY REGISTRAR 19 24. FUNERAL DIRECTOR **ADDRESS** 2Sb. REGISTRAR'S SIGNATUR 30M REV Hour



10 HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

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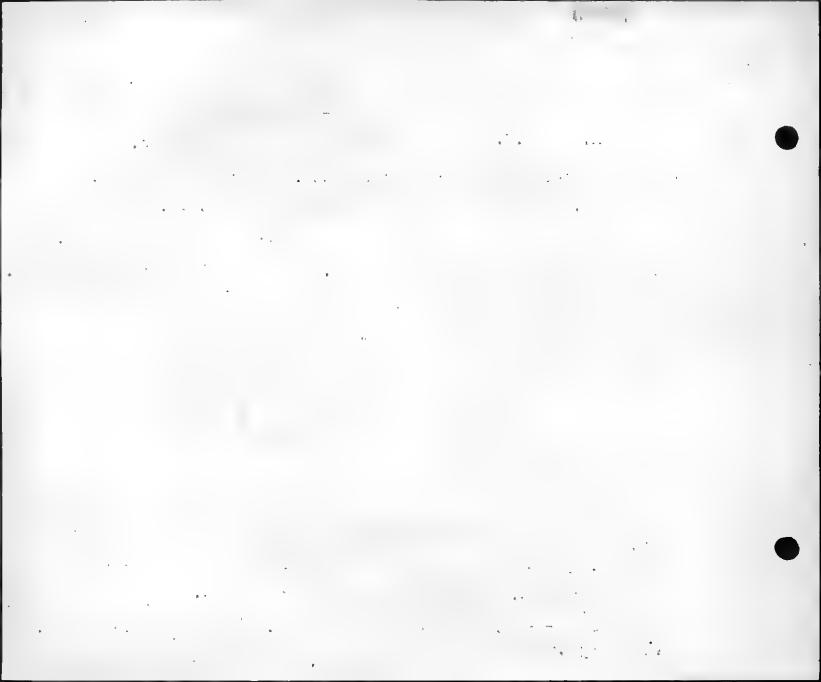
	- 1	CERTIFICATE OF DEATH	
_2-€			HOUR
and 2 death.	- 1	Type or print) Charles Brittingham Burns June 6 1968 5	153M
<u>F</u> – <u>F</u>		EX 4. RACE S DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER	R 24 HRS.
200		MALE White WAY 15-1879 lost birthday) YRS MONTHS ONYS HOURS	MEN.
G LG		BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
E 0 2	-1	WIDOWED DIVORCED HARFORD	Md.
	ı	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINES)	
Sith P	6	grys street address) An during most of warking life, even if retired) INDUSTRY	
	ŀ	USUAL RESIDENCE (Where deceased lived, if institut on: Residence before 13c CITY OR TOWN Manufacture (Where deceased lived, if institut on: Residence before 13c CITY OR TOWN Manufacture (Where deceased lived, if institut on: Residence before 13c CITY OR TOWN Manufacture (Where deceased lived, if institut on: Residence before 13c CITY OR TOWN Manufacture (Where deceased lived, if institut on: Residence before 13c CITY OR TOWN Manufacture (Where deceased lived, if institut on: Residence before 13c CITY OR TOWN Manufacture (Where deceased lived, if institut on: Residence before 13c CITY OR TOWN Manufacture (Where deceased lived, if institut on: Residence before 13c CITY OR TOWN Manufacture (Where deceased lived, if institut on: Residence before 13c CITY OR TOWN Manufacture (Where deceased lived, if institut on: Residence before 13c CITY OR TOWN Manufacture (Where deceased lived, if institut on: Residence before 13c CITY OR TOWN) Manufacture (Where deceased lived, if institut on: Residence before 13c CITY OR TOWN) Manufacture (Where deceased lived) Manufacture (Where deceased live	
ove cor		nissian) STATE Md. 136 COUNTY HARFORD HAVRE de Dr. YESE NO 202 N Washington S	+
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ose	ŀ	D. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address	
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s bos		190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	G
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or u		21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) POR CONTRIBUTING PORTS OF OF ATM. Manth Day Year	
######################################		(if either, notify medical examiner) P.M.	
s ce oche		21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County While Not while 1	State
det de D		at work of wark	
iffer be Staf			ve) last
the sta	- [sow the deceased clive an (1964) and that in (my) (our) opinion death occurred on the date and hour and true causes stated above, (I) (we) (did) (did not) view the bady after death.	om the
should the the	-1	22b. SIGNATURE 5	
DIRECT Williams	- 1	DEGREE PHYS. DEGREE OF DIRECTOR DIRECTO	<u>Q</u>
	٠,	ZZd. PHYSICIAN S — 2 / 22e. ADDRESS // 2	1
FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detoched for use os the should be filed with the State Dept. of Health prior to		NAME (Type) Edward C. Loo M. Titure Che Tyrace, (he	de.
State of the state	^ !	BURIA_ CREMATION, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (Gity or 16-wn) (County) (Stote	e)
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HEALTH DEPT		DECEASED-NAME First Middle Last 2a LATE KNOWN Manth	Day Year 25 HOU
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y de ang PM3.		7- 18-68 YRS 3 WELL JUNE 1.	5 Year 1965 9 A
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NER NER cer shou files.	EDICAL	CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town	County State
EXAMINER: cute the certicage 4 should age 4 should ryour files. Poge 3 should, cremation,		WHILE NOT WHILE at work at work at work	Cooling State
NL Execution Page for for riol,		220. I certify that I took charge of the remains described above, held on Autopsy, Inspection 💆, Inquiry 💆	ond in my opinio
Se e strar ned ned by bu		death resulted from. Natural couses 2, Accident , Suicide , Homicide , Undetermined monner	
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at	24	FUNERAL DIRECTOR ADDRESS ADD	M Q
VR A15ME IS	,	J.G. CONNELLY SONS 300 MACE DATE JUN 20 1968 JULIAN	



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.1			DIVISION OF VITAL RECORDS	, 301 W. PRESTON STREET, BALT	IMORE, MARYLAND 21201	5.05
)]	tem 5,6, FilmG	401 6/14/68km	CERTIFICATE OF DEATH		
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n 72 hours after death		Male	White	72818		MUNINS DATS MOURS MAN
200	70 P	IRTHPLACE (Stote or foreign	7b. CIT-ZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 COUNTY OF DEATH	
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DE.		rise ta mmediate cause (a),	(b) A S	C.U. D		
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	MEC	214 IN HOV OCCUPATED 216	PLACE OF INJURY (AT HOME, FARM, STREET,	ACTORY,) 21f. LOCATION Street ar R.F.D. Na.	City ar Tawn	County State
		White Not while at work at work	CONFICE BUILDING, ETC.	'	·	,
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		saw the deceased a	live an 6-3-99, , (I) (we) (did) (did nat) view the	.19 and thát in (n(v) (our) ani	nian death Eccurred on the do	ate and haur and from the
		226 SIGNATURE	, (i) (we) (ala) (ala hai) view in	e bady direct death.	22.	DATE SIGNED
		T. 52	L. V. TO.		IED. STAFF IN STAFF	Leme 3, 1963
	Ш	22d. PHYSICIAN'S	W. A. C.	22e. ADDRESS	IRECTOR — PHIS. —	00000011160
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should be filed v	23a	BURIAL CREMATION. 23b. I	DATE 23c NAME O	F CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
J	_	REMOVALISMENT 65		Nottingham Cem.	Colora Ced	, ,, ,
N	24/	NERAL DIRECTOR	ADDRES	S . 25a. REC'D B	Y REGISTRAR 2Sb REGISTRARS	SIGNATURE
288	1	11/6/11/	Whisir Risir	Sun Md DATEJUN	6 1968 yells	was Judge
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATEMaryland b. CDUNTY Harford 24 hours after MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH DF STAY IN 1b completely filled in by the carbon papers. Page event, within 72 hours at Fallston Fallston 21047 vrs. d. NAME OF HOSPITAL DR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Friendship Road YES X ND Friendship Road within NAME OF DATE Year First Middle Last Month Day DECEASED comple 1968 (Type or print) James Peter Farmer DEATH June 16. executed 6. COLOR DR RACE DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS move 7. MARRIED Y NEVER MARRIED last birthday) | Months | Days Hours | Min. and Male White WIDDWED DIVDRCED [95 10a. USUAL DCCUPATION (Give kind of work done, .≡ 10b, KIND OF BUSINESS DR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician death certificate be during most of working life, even if retired) INDUSTRY COUNTRY? Ash Co. N.C. U.S.A. Farmer Gen. farming 7 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending ph rmit. Then геттома Hilton Farmer Martiscia Roten 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY ND. WIZ SINFORMANT transit permit. Box 28 (Yes, no, or unkown) (If yes give war or dates of service) Carrie May Farmer No 219-36-1267 Fallston. Md INTERVAL BETWEEN DNSET AND DEATH CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c),] been signed by the the burial-transit or to burial, cremati The law requires that the PART I. DEATH WAS CAUSED BY: Sudden Coronary Occlusion IMMEDIATE CAUSE (a). DUE TD Chr. Arteriosclerotic Cardiovascular Disease Conditions, If any, which (b) rise to immediate as the l DUE TO cause (a), stating the underlying cause last. (c) CERTIFICATION WAS AUTOPSY PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) use Health PERFORMED? PHYSICIAN: The the hospital or a certificate ND X YES Ь this certefacted for 20a. ACCIDENT WAS UNDERLYING I DESCRIBE HDW INJURY DCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME DF INJURY Month, Day, Year 20d, INJURY DCCURRED 120e. PLACE DF INJURY (Home, farm, 20f. (City or town) (County) (State) should be detth the Stfactory, street, office bldg., etc.) Not While ATTENDING | p.m. at work at work 27 to June 16, 19 68 that (1) (we) last 21. 1 certify that (I) (this hospital) attended the deceased from Mav DIRECTOR: /
age 3 should
iled with the and that death occurred at 8:1 Morron the causes and on the date stated above. _1968 June saw the deceased alive on DATE SIGNED 22a. SIGNATURE 22b. ADDRESS Forest ATTENDING PHYS. page MED. STAFF PHYS. FUNERAL PHYSICIAN 22d. TO FUNERAL director, pi should be f Hudson, M.D. NAME (Type) Hill. BURIAL, CREMATION. 23c. NAME OF CEMETERY DR CREMATORY 23d. LOCATION (City, town or county) (State) 23b. DATE THERED REMDVAL (Specify) Buria. Centre Forest Hill Harford
25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS 8 1968 Jarrettsville. Charles Kurtz Md. VR AI5 (4)



hours ofter death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in Dy-the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and Shauld be filed with the State Dept. at Health prior to burial, cremation, or remaval, and in any event, within 72 hours, after death O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Page 4 may be retained by the haspital ar attending physician.

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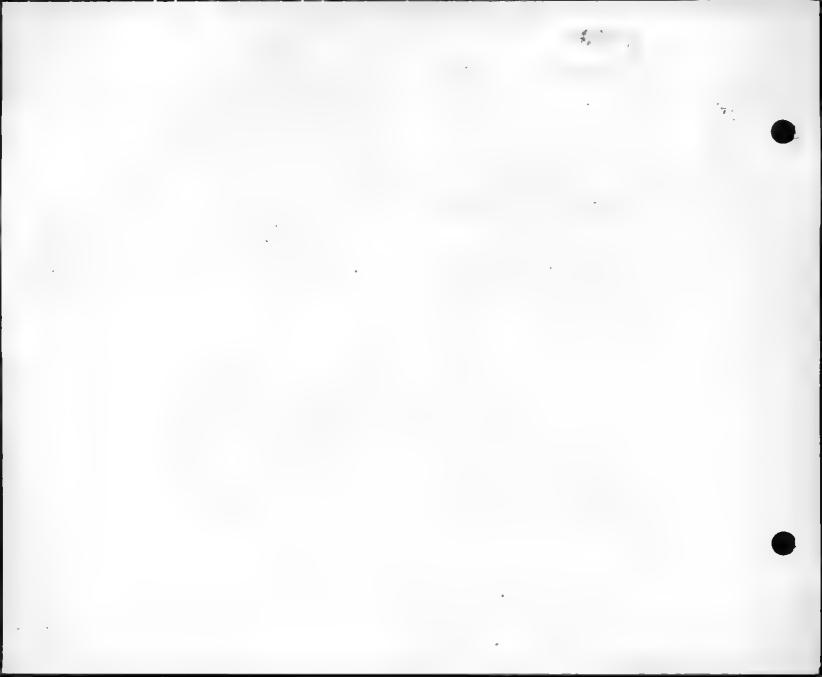
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

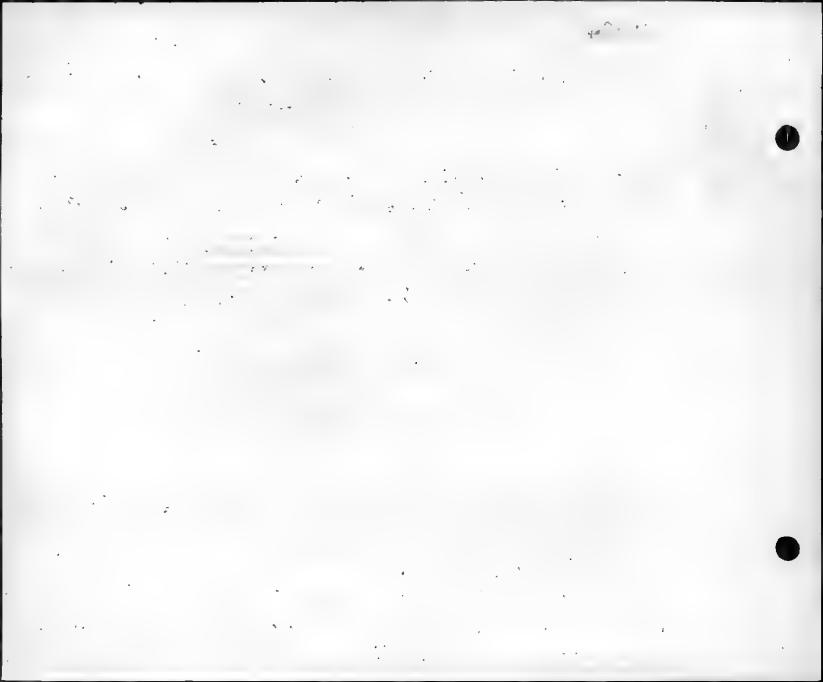
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To. BIRTHPIACE (Store or foreign To. DILTERS OF WHAT COUNTRY) To. BIRTHPIACE (Store or foreign To. DILTERS OF WHAT COUNTRY) Virginia USA ST. WIDOWED DIVORCED Harford WIDOWED DIVORCED Law or foreign To. CITY OR TOWN OF DEATH Harford II. NAME OF HOSPITALOR INSTITUTION (flor in hospital) Growth or foreign Growth or foreign To. CITY OR TOWN To FORM Harford M. M. Harford M. M. Harford M. M. Harford M. M. Lost II. NAME OF HOSPITALOR INSTITUTION (flor in hospital) Growth or foreign M. 120. USJAL RESONCE (Where deceaded lived, if institution Residence before ISG. USLA. RESONCE (International Country) Harford Harford M. Harford M. M. Causal M. Harford M. M. M. M. Harford M. M. M. Harford M. M. M. M. M. M. M. M. M. M	3. SEX							6. AGE (In y	eors	IF UNDER I YEAR	
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160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknowed; U.S. grow wor defend all menus) 18. CAUSE OF DEATH (Enter only one couse per line for (6), (b), and (1) PART I. DEATH WAS CAUSED BY USE 1. IMMEDIATE CAUSE (a) UDUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove its to immediate cause (a). 19. DUE TO, OR AS A CONSEQUENCE OF (b) USIST OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) 19. DATE OF OPERATION 19. DATE OF OPERATION 19. CONTRIBUTING CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 10. CONTRIBUTING COUSE FORM 10. OR CONTRIBUTING COUSE FORM 11. OR CONTRIBUTING COUSE FORM 12. OR CONTRIBUTING COUSE OF DEATH? 210. ACCIDENT WAS UNDERLYING 210. HINLEY OF CURRED 210. ACCIDENT WAS UNDERLYING 210. HINLEY OF CONTRIBUTING COURS OF DEATH? 210. HINLEY OF CONTRIBUTING COURSE OF DEATH? 210. HINLEY OF COURSE OF DEATH? 210. HINLEY OF COURSE OF DEATH HOUR A.M. Month Doy Year P.M. MONTH OF CURRED 210. HINLEY OF COURSE OF DEATH HOUR A.M. Month Doy Year P.M. MONTH OF COURSE OF DEATH HOUR A.M. MONTH DOY YEAR 210. HINLEY OF COURSE OF DEATH HOUR A.M. MONTH DOY YEAR 210. HINLEY OF COURSE OF DEATH HOUR A.M. MONTH DOY YEAR 210. HINLEY OF COURSE OF DEATH HOUR A.M. MONTH DOY YEAR 210. HINLEY OF COURSE OF DEATH HOUR A.M. MONTH DOY YEAR 210. HINLEY OF COURSE OF DEATH HOUR A.M. MONTH DOY YEAR 210. HINLEY OF COURSE OF DEATH HOUR A.M. MONTH DOY YEAR 210. HINLEY OF COURSE OF DEA	L. STATE		130 (00	erford	Havre	de Grace	но 🗌	420 S. Wa	shin	gton S	ta
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While Not while at wark 220. I certify that (I) (this haspital) attended the deceased from 196, 19, ta 1, 196, that (I) (we) las saw the deceased alive on 196, and that in (my) (our) opinion death accurred on the date and hour and from the causes stated abave, (I) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED	Ø □ OR CONTRIE				ar			,,,,,		,	
220. I certify that (I) (this haspital) attended the deceosed from 756, 19, ta 1, 1968, that (I) (we) las saw the deceased alive on 5, 1968, ond that in (my) (our) opinion death accurred on the date and hour and from the causes stated abave, (I) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE DEGREE ATTENDING PHYS. 22c. DATE SIGNED PHYS. 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED 22d. PHYSIC AN S NAME (Type) 230. BUR.A. CREMATION, REMOVAL (Specify) Caunty Caunt	21d INLIR					ATION Street or RED A	Vα	City or Town		County	Stote
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22b. SIGNATURE 22b. SIGNATURE DEGREE ATTENDING DIRECTOR	22o. l ce	rtify that (1) (th	ıs haspital) attended the dece	osed from	1956, 19		to_6.5	, 19_6	of that	(I) (we) las
22b. SIGNATURE DEGREE ATTENDING MED DIRECTOR STAFF DIRECTOR DIREC	saw	the deceased o	live on	6 / /	_19_ <u>6d_</u> ond	that in (my) (our) o	pinian d	death accurred on	the dat	te ond hour	and from the
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22d. FHYSIC AN S NAME (Type) 230. BUR.AJ CREMATION, REMOVAL (Specify) 23b. DATE, 6/8/68, 23c MAME OF CEMETERY OR GREMATORY 23c MAME OF CEMETERY OR GREMATORY 23d: 10(AT ON (C'ty or Town)) (County) (Strate)	22b. SIGNAT	UKE	. As	int -	D10001			STAFF	7 220. 0	ATE SIGNED	10
NAME (Type) 230. (BUR.A) CREMATION, REMOVAL (Specify) (County) (State) (County) (State) (County) (State)	20.1 25(1/1/1/	But	NI	m	DEGREE	F111 2	DIRECTOR	PHYS. L	71 0	, - 5/6	7
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1 6/8/00 the true to the time with the							I 00 :				
1 6/8/00 the true to the time with the	230. BURAL CRE	MATION, 23b.	DATE	23c NAME (OF CEMETERY OR G	REMATORX /	230	LOCAT ON (C'ty or To	10	(County)	(State)
24. FUILANT DIRECTOR 1 / STATE OF THE PROPERTY		166	18/0	o una	11/1	1 Transfer	BY DECK	SIDADO INDIDADO	CISTRACT	SECTION OF THE PARTY OF THE PAR	14.06.3
Lemmista I fan Have at Eline NO DATE	1	1	Jan	Have de	Draw M	2	JUN	I I DOOKE	DISTANCE !	O Continued	0

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Letitia Lost Green DECEASED-NAME Ada 2a DATE OF DEATH Day // Year C. (Type or print) 4. RACE 5. DATE OF BIRTH 6. AGE (In years last buthday) IF UNDER I YEAR 02-20-77 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEAT 8 MARRIED NEVER MARRIED country) WIDOWED X DIVORCED [II NAME OF HOSPITAL OR INSTRUCTION (If not in hospital give Sirest address) 10. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR requires that the death certificate be executed within during most of working life, even if retired.)
Housewife INDUSTRY burial, crematian, ar remaval, and in any event, wit HAVRE SC LEASE, MS 16 113 CM/S MURBING HTD Home 13d INSIDE CITY LIMITS? 13e, STREET AND NUMBER 13b. COUNTY Harford 1008 Leeswood Road Bel Air 14. FATHER S NAME 15 MOTHER'S MAIDEN NAME First Lost Lost 16a WAS BECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Addresseeswood Yes, no or unknown) Garland Bel Air, Md. 18. CAUSE OF DEATH (Enter only one couse per line for (o)), and (c)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Canditions, if any, which gave) burial-transit rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the prior to b O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO X 21a ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21e PLACE OF INJURY (AT HOME FARM STREET, FACTORY) 21f LOCATION Street or R.F.D. No. directar, page 3 shauld be detache shauld be filed with the State Dept. 21d INJURY OCCURRED Stote City of Town County While Mat while at work at work 22a. I certify that (1) (this hospital) ottended the deceased from 1-10 saw the deceased alive on -/0 causes stated above, (1) (we) (did) (did nat) view the body after death. 22b SIGNATURE 22c DATE SIGNED ATTENDING DEGREE DIRECTOR PHYS 22e ADDRESS 22d. PHYS CIAN S William K. Brendle Havre de Grace. 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BURIAL, CREMATION, 23b DATE (County) REMOVAL (Specify) Forest Hill. Harford, Md. Centre E. Kurt DORESS 250 RECO BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE VR A15 (4) DATE JU 30M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 18584 CERTIFICATE OF DEATH 1 DECEASED NAME Middle 2o. DAJE OF DEATH 2b. HOUR death. 24 hours after death. (Type or print) Month Doy offer IF UNDER 24 HRS. 6. AGE (In years FUNDER 1 YEAR 3. SEX lost birthdoy) MONTHS SEptember 24, 1904 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) WIDOWED [DIVORCED [11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR during most of working life, even if retired.) give stgeet addgass) INDUSTRY carbon Homemaker 130. USUAL RESIDENCE (Where, deceased lived, if institution, Residence before, 13c, CLTY OR TOWN 134 INSIDE CITY LIMITS? 13e. STREET AND NUMBER reauires that the death certificate be executed eve odmission) STATE 135 COUNTY burial, crematian, ar removal, and in any 14 FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First Middle Lost the attending physician and sit permit. Then please rem Clara William Grithith C-JONES 17. INFORMANT (Husbard) 838-5627 Fultord AvE. 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Yes, no, or unknown) 213-18-0610 Mr. GEORGE K, HOffman Air manipud 21014 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (a) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TÓ, ØR Conditions, if any, which gove) burial-transit rise to immediate couse (b). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse signed t PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) as the has been 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 📉 NO X for use Health this certificate 21o. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year be detached State Dept. of (If either, notify medical examiner) P.M 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street of R.F.D. No. 21d. INJURY OCCURRED County Stote City or Town While Not while of work O FUNERAL DIRECTOR: After 22a. I certify that (I) (this haspital) attended the deceased from 🗸 😉 📖 19<u>60</u>, ta _19 68 and that in (my) (our) opinion death occurred on the date and hour and from the saw the deceased alive on... causes stated abave, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE **ATTENDING** MED DIRECTOR DEGREE PHYS. 22e. ADDRESS 22d. PHYSICIAN NAME (Type) director, s 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23g BURIAL, CREMATION (County) REMOVAL (Specify) BEL Air MEMORIAL GOMMENS BELATE Harford Co. Maryland 21014 JUNE 8, 1968 lainu61 250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR BEI Air Manyland 21014

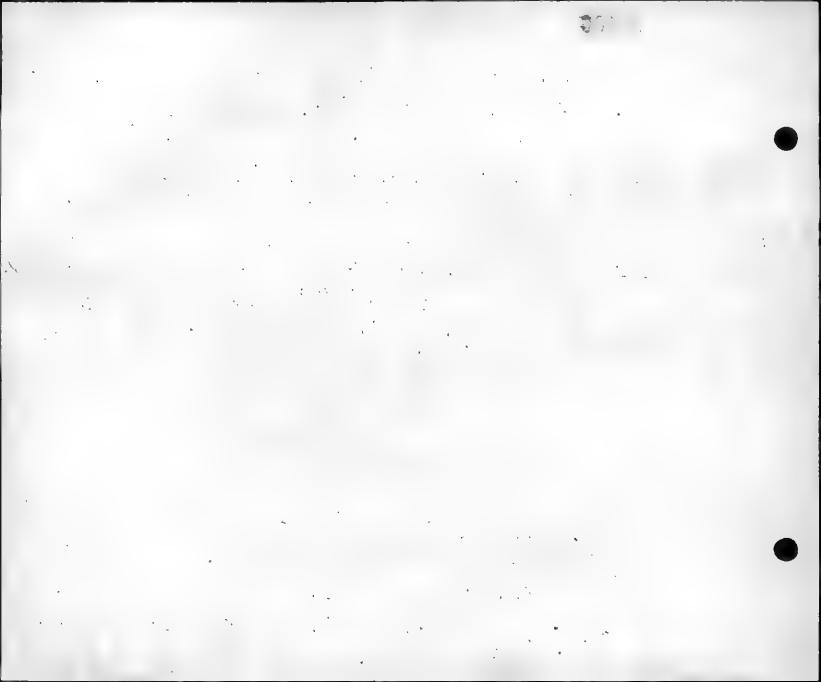


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FOR STATE,	tem#2a Film#3402 7440	KELUKUS, SUI W. PKESTU	N STREET, BALTIMURE, MARTLA ERTIFICATE OF DEATH	1NU 21201	1 1
HEALTH DEPT.	1 DECEASED-NAME First	Middle		a DATE KNOWN X Manth	D V OI GOUR
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hin 14 ncil in niner' poges hours	16a WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war ar dates of service)	4	17. INFORMANT	ADDRESS	
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E g € ~ 5 g	230 BUR AL, (REMATION, REMOVAL (Specify) 23b DATE	23c, NAME OF CEMETERY			(County) (State)
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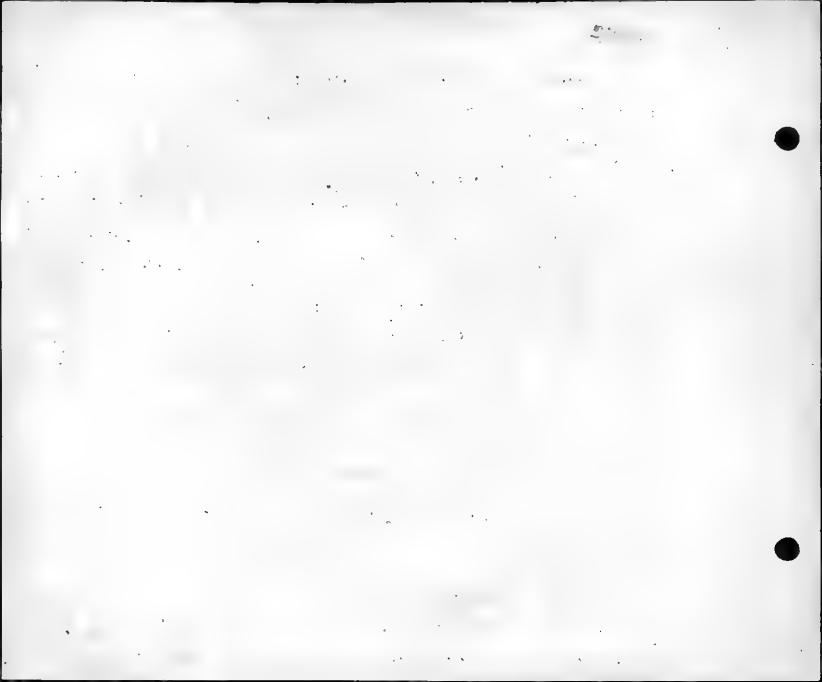


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item#5.FilmGLO? 7/5/681cm CERTIFICATE OF DEATH Middle 2a. DATE OF DEATH DECEASED-NAME 25 HOUR be executed within 24 hours after death (Type or print) and completely filled in by the funeral remove carbon papers. Pages, ope 4. RACE S. DATE OF BIRTH F JNDER 1 YEAR IF UNDER 24 HRS. 3.VEX 6. AGE (In years within 72 hours ofter last birthday) MONTHS DAYS HOURS 7b. CITIZEN, OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign B. MARRIED T NEVER MARRIED country) remove carbon papers. WIDOWED 5 DIVORCED [12a USUAL OCCUPATION (Kind 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital of work done 125 KIND OF BUSINESS OR during most of work na life, even wetered.) INDUSTRY event, 13e STREET AND NUMBER 130 USUAL RESIDENCE (Where deseased lived, if institution, Residence before 13d. INSIDE CITY LIMITS? odmission) STATE 13b. COUNTY YES NO F Middle 14 FATHER'S NAME Lost 15. MOTHER S-MAIDEN NAME First Middle and in herr pleose physician SOCIAL SECURITY NO 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMAN Address rifico Yes, no, of unknown) or removal, 18. CAUSE OF DEATH (Enter only one cause per line for (a) (b) PIWEEN ONSET AND DEATH ottendin PART I, DEATH WAS CAUSED BY: requires that the deoth permit. IMMEDIATE CAUSE (o) DUE TO, OR AS A signed by the c burial-tronsit p Conditions, if any, which gave) rise to immediate cause (a). DUE TO, OR AS & CONSEQUENCE TO ottending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) prior to b has been the 19a, DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING So CALISES OF DEATH? NO T YES 🗀 O FUNERAL DIRECTOR: After this certificate by the haspitol or 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year of P.M. (If either, notify medical examiner) detached 21d INJURY OCCURRED AT HOME, FARM, STREET, FACTORY, 21f. LOCATION Street or R.F.D. No. 21e PLACE OF INJURY State City or Town County While Nat while at work 22a. I certify that (I) (this haspital) attended the deceased fram. ê _19 65 and that in (my) (our) opinion death occurred on the date and hour and from the 16 shauld couses stated above, (1) (we) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED DEGREE ATTENDING PHYS director, page 3 should be filed w DIRECTOR PHYS 22e. ADDRESS PHYSICIAN'S NAME (Type) LOCATION (City or Town) BURHAL, CREMATION, 23b DATE MAE OF CEMETERY OR CREMATOR 23đ MOVAL (Specify) 24 FUNDRAL DIRECTOR BEC'D BY REGISTRAR REGISTRAR'S SIGNATURE VR A15 (4) 30M REV, 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 20. DATE OF DEATH Middle 1. DECEASED-NAME First death (Type or print) nit. Then please remave carban papers. Pages 1 ar remaval, and in any event, within 72 haurs after A RACE 6. AGE (In veors IF UNDER 1 YEAR lost buthery) MONTHS DAYS 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? COUNTY OF DEATH 8. MARRIED requires that the death certificate be executed within 24 ha country the attending physician and campletely filled in sit permit. Then please remave carban papers. WIDOWED DIVORCED 120, USUAL OCCUPATION (King of work done 10. CITY OR TOWN OF DEATH 1). NAME OF HOSPITAL OR INSTITUTION (If not to hospital > 126 KIND OF BUSINESS OR 130 USUAL RESIDENCE (Where deceased lived, if institution Residence before CITY OR TOWN 13e. STREET AND NUMBER odmission) STATE 13h COUNTY = 55.30 14 FATHER'S NAME Middle Lost 15. MOTHER'S MAIDEN 16b. SOCIAL SECURITY NO INFORMANI 160, WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, ne or Jaknown) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND GEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) crematian, DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if ony, which gove) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF physician. stoting the underlying couse burial PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/61 ar attending O FUNERAL DIRECTOR: After this certificate has been as the priar tal CERTIFICATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19c. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? far use as CAUSES OF DEATH? YES 🖂 NO F Heafth 1 21c. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) HOUR A.M. haspital OR CONTRIBUTING CAUSE OF DEATH Month Day Year (If either, notify medical examiner) P.M. detached 21d. INJURY OCCURRED 21e PLACE OF INJURY / AT HOME FARM, STREET, FACTORY, \ 21f. LOCATION Street or R.F.D. No. State City or Town County While Not while at work the be retained by shauld 22c. DATE SIGNED 22b SIGNATURE ATTENDING STAFF DEGREE DIRECTOR PHYS. directar, page should be filed PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) BURIAL, CREMATION NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) REMOVAL (Spetify) 250. REED BY REGISTRAR REGISTRAR'S SIGNATURE



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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24. FUNERAL DIRECTOR ADDRESS 2 10 75 250 REC'D BY REGISTRAR S5b. REGISTRAR S SIGNATURE ATTAL : A BURGE HAVE de Strave Med. DATE STEIN 17 1988 (Clearles Verse)	24.			H.	2.1075 250' REC'D E	REGISTRAR			

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages and 2 shauld be filed with the State Dept. of Health prior to burial, cremation, or remaval, and in any event, within 72 hours after death. offer death TO HOSPITAL OR ATTEMBING PHYSICALI: The law requires that the death certificate be executed within 24 hays Page 4 may be millined by the hispital ar attending pillysician.

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 shauld be detached far use as the burial-transit permit. Then please sembore carbon papers. Pageshould be filed with the State Dept. of Health priar to burial, cremation, or removal, and in gry event, within 72 hours. Page 4 may be retained by the haspital or attending physician.

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

death.

BURIAL CREMATION, REMOVAL (Specify) 230.

22d. PHYSICIAN'S NAME (Type)

22b. SIGNATURE

23b. DATE

ATTENDING PHYS

22e. ADDRESS

23d. LOCATION (City or Town)

STAFF PHYS.

(County) (State)

FUNERAL DIRECTOR

DEGREE

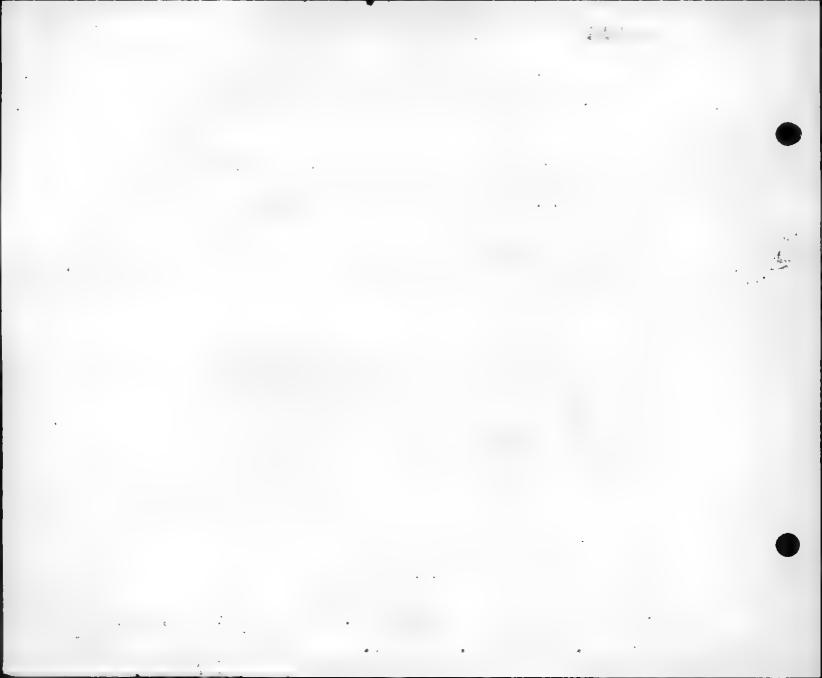
250. REC'D BY REGISTRAR
DATE JUN 19

MED. DIRECTOR

22c. DATE SIGNED



MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

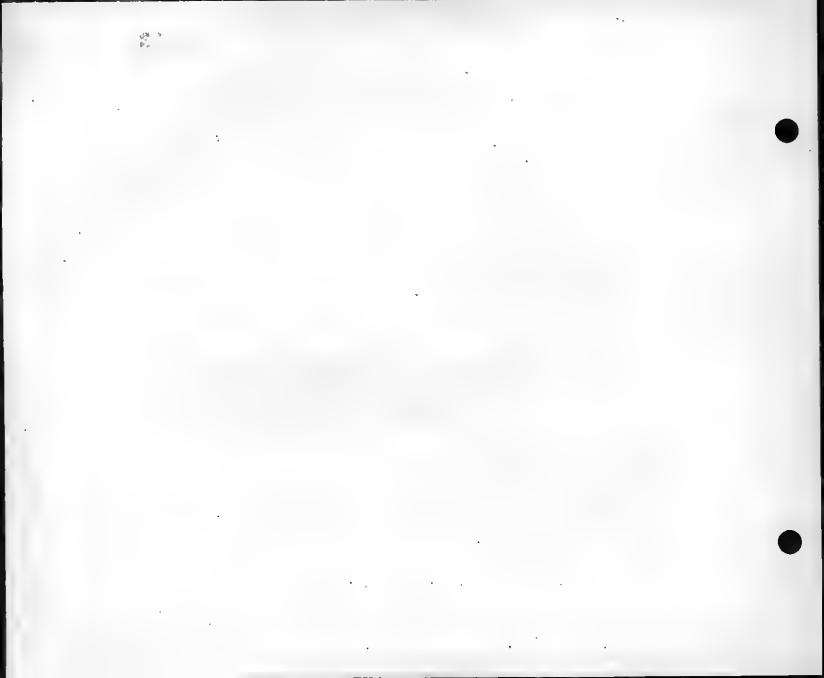
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by to the control of			220. I certify that (I) (this hospital) ottended the deceased from 1960, 1960, to 1960, 1960, that (I) (we) last saw the deceased alive an 1960, and that in (my) (our) opinion death accurred on the date and haur and from the
TEN! ined DR: A			saw the deceased alive an
OR AT be reta DIRECT Je 3 sha			22b. SIGNATURE ATTENDING ATTEND
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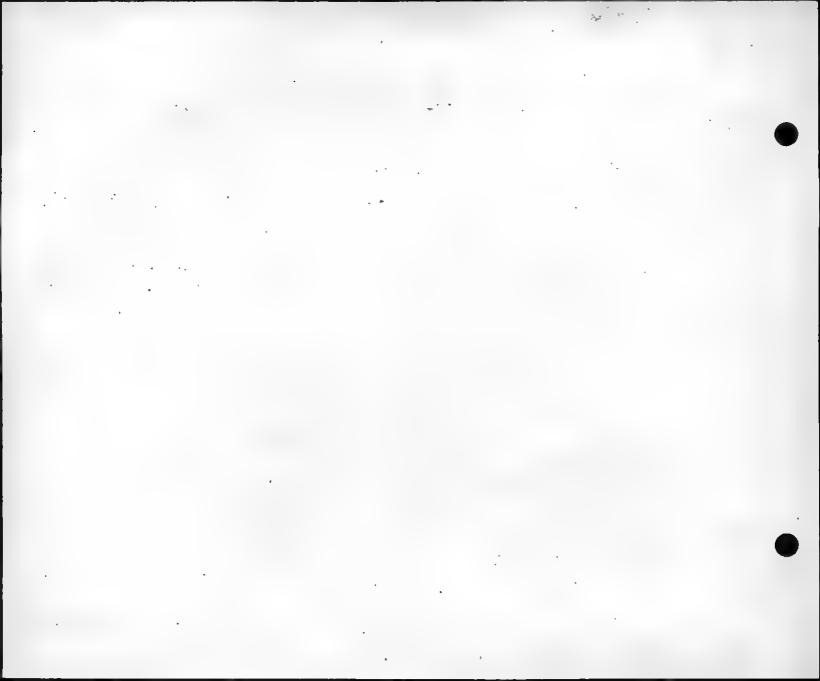


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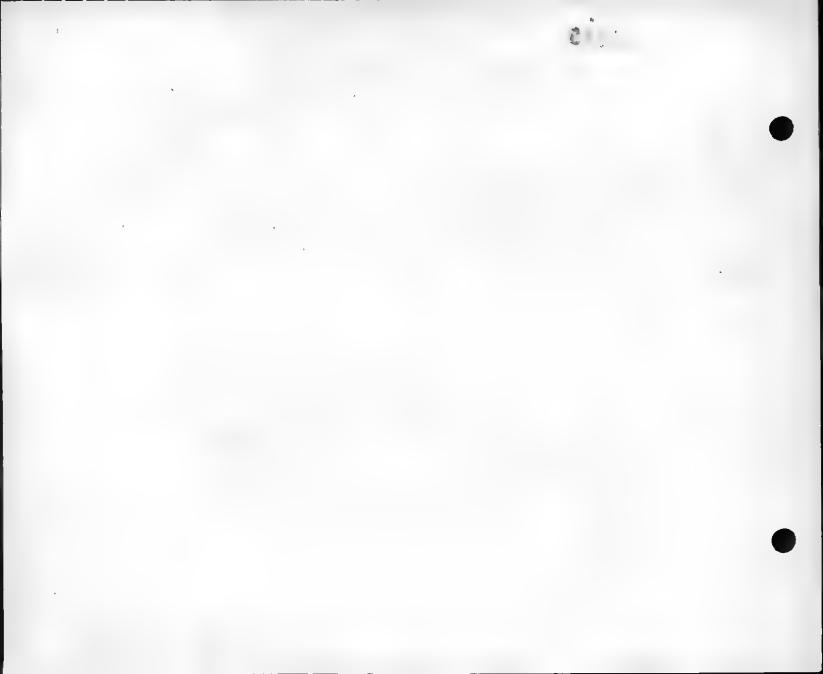
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Se extror		death resulted fram: Natural couses 🖟, Accident 📋, Suicide 🔲, Hamicide 🔲, Undetermined manner 🗌	
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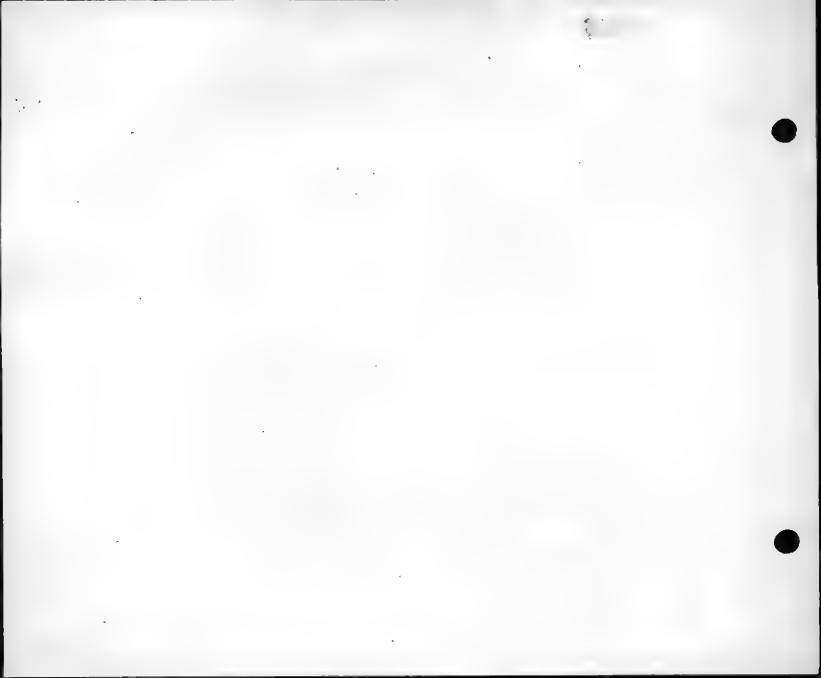
	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	m 4 D
FOR STATE	Item2a, FilmGLO1 6/MEDICAL EXAMINER'S CERTIFICATE OF DEATH	3
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CAL E executor. Pare far (CTOR: buriol,	death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner	and in my opinial
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o DEPUTY SICAL EXAM necessory, please execute the funerol director. Page 4 5 may be retained far your D FUNERAL DIRECTOR: Page Health prior to buriol, crem	EXAMINER'S PHILIP W, HEUMAN', M, D- ADDRESS (Street, city, town, or county)	1962
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The law re attending that has been use as the lift prior to	CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? YES NO 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
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G PHYSI the hosp this cer detoched	M	21d. INJURY OCCURRED While Not while of wark 12 te. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town 1 County State
TENDIN ined by NR: After ould be the Stat		220. I certify that (I) (this hospital) offended the deceased from 1957, to 0/29, 1950, that (I) (we) los sow the deceased alive on 1959, and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.
OR ATTER be retoine DIRECTOR: ge 3 should led with th		22b.SIGNATURE DEGREE ATTENDING MED. STAFF 22c. DATE SIGNED DIRECTOR PHYS. 5/2 9/68
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/ 1	MARYLAND STATE DEPARTMENT OF HEALTH
The state of the s	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	Itemoa, Filmghol 6/1 MEDIGAL EXAMINER'S CERTIFICATE OF DEATH
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T to a pr	210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
告등 국 (PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19 21d NJ-RY OCCURRED 21e PLACE OF INJURY (At home, form, street). 21f LOCATION Street or R.F.D. No. City or Town County State
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ICAL EXA execute for. Page ed far you CTOR: Pog burial, cre	22a certify that I taok charge of the remains described above, held an Autapsy 🗍, Inspection 🛂, Inquiry 🞾, and in my opinion
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JIY, ple eral di be retr RAL Di prior	SIGNATURE SECOND FOR SIGNED M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED
o DEPUTY SICAL EXAM necessory, please execute the the funeral director. Page 4 5 may be retained far your O FUNERAL DIRECTOR: Page Health prior to burial, cren	EXAMINER'S RESIDENCE POLICY POLICY OF THE PRODUCT COUNTY)
5 = 5 = 5 = 5 = 5 = 5 = 5 = 5 = 5 = 5 =	23a BURIAL, CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)
	REMOVALISpecify Burial 6/14/68 Parkwood Cemetery Baltimore, Md.
UV	24. FUNERAL D RECTOR SCHOREN FUNERAL Home, THE. 250 REC D BY REGISTRAR S SIGNATURE
10M REV 1 68	3331 Brehms Lane DATE INN 1 3 1968 Icharles Judge



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

Middle Last 2g. DATE OF DEATH 2b. HOUR DECEASED-NAME First Manth {Type or print} Yeor ARCEW .(170 6. AGE (In years 3 SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS DAYS HOURS lost birthdoy) fundin 2/ 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED | NEVER MARRIED | country) WIDOWED [DIVORCED 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital ID. GITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY RACE neloed 2000 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 338 INSIDE CITY JM TS7 13e. STREET AND NUMBER 13b. COUNTY admission) STATE tar Faco LS MÖTHER'S MAIDEN NAME First 14 FATHER'S NAME Middle Last Lost Cheek Albert Sarah Ann Averv Pardew 17 INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Address Yes, ng, ar unknown) intliniton. D. nett APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c).) PART I, DEATH WAS CAUSED BY: moleral 3 da IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove } were anima ase to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING 190 DATE OF OPERATION 20a AUTOPSY? owndrud of ons CAUSES OF DEATH? NO 🗍 YES 🗔 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. P.M (If either, natify medical examiner) 21e. PLACE OF INJURY (AT NOME FARM, STREET, FACTORY,) 21d INJURY OCCURRED 21f. LOCATION Street at R.F.D. No. City or Town Caunty Stote While Not while of wark 220. I certify that (I) (this hospital) attended the deceased from MAy 25 , 1968, to June 8, 1968, that (I) (we) last saw the deceased alive on Sune 8 1968, and that in (my) (aur) opinion death accurred on the date and haur and from the causes stoted above, (1) (we) (did) (did not) view the body after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING PHYS MED. DIRECTOR STAFF PHYS. June 8. 11. DEGREE 22e. ADDRESS 22d. PHYSICIAN S NAME (Type) Havre de Grace, l'ar la m' 23d. LOCATION (City or Town) 230. BURIAL, CREMATION 23b. DATE NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) 24. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE IT

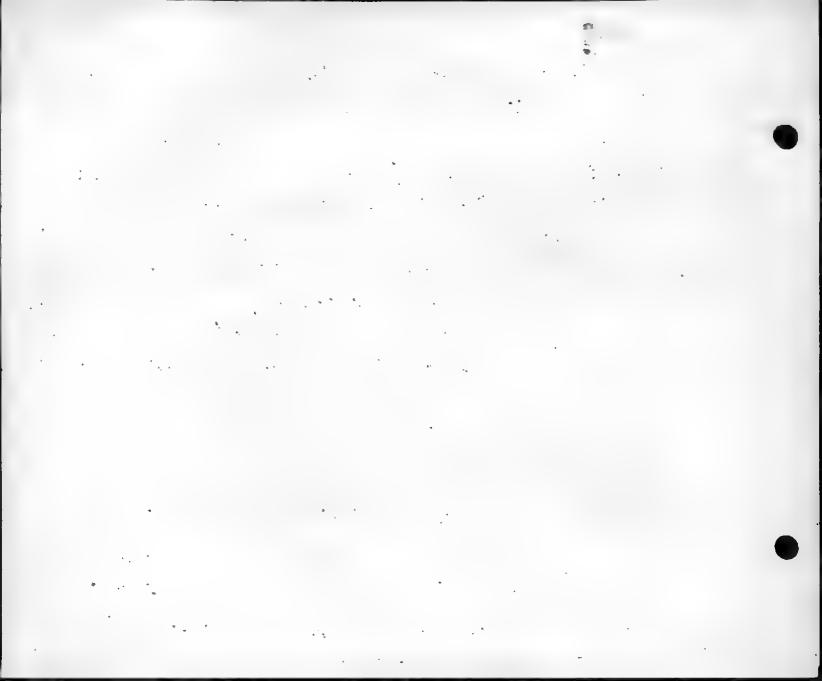
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burial-transit permit. Then please remave carban papers. Pa burial, crematian, ar remaval, and in any event, within 72 haurs

signed by the attending physician and campletely filled in by burial-transit permit. Then please remaye carban papers. P

The law requires that the death certificate be executed within 24 haurs

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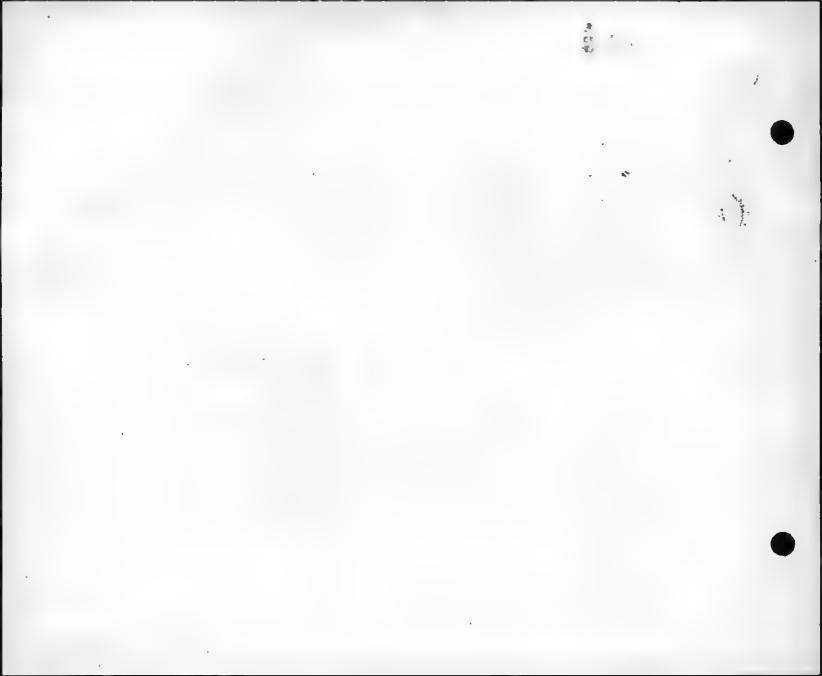


MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH DECEASED-NAME Eirst Middle Lost 2a. DATE OF DEATH ve tarbon popers. Pages Tand Sevent, within 72 hours after deoth (Type or print) 4 RACE S. DATE OF BIRTH IF JINDER 1 YEAR 3 SEX 6 AGE (n veors last bythday) MONTHS DAYS HOURS law requires that the death certificate be executed within 24 hours filled in by 7o. BIRTHPLACE (State or foreign 9 COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED country) WIDOWED S DIVORCED 120 USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR give, street address) during mast at working life, even if retired.) carbon 13o. USUAL RESIDENCE (Where deceased lived, it institution: Residence before) 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? admissian) STATE 13b. COUNTY remove n ony eve 15 MOTHER'S MAIDEN NAME First 14. FATHER'S NAME First Middle Lasts Middle ease pllo Address 16g. WAS DECEASED EVER IN ILS ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT Yes, n) of unknown) (If yes give war or dates of service) O FUNERAL DIRECTOR: After this certificate has been signed by the ottending physi director, page 3 shauld be detached for use as the burial-tronsit permit. Then pleabauld be filled with the State Dept. of Health prior to burial, cremotion, or removal, APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter on y one cause per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CONSECUTENCE OF DUE TO, OR Conditions, if only, which gove) rise ta immediate cause (o), DUE TO OR AS A CONSEQUENCE OF stoting the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TEXMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 19b. CONDITION FOR WHICH OPERAT ON WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19th DATE OF OPERATION CAUSES OF DEATH? YES 🔀 Poge 4 may be retained by the hospital or O FUNERAL DIRECTOR: After this certificate 20 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) OR CONTRIBLTING CAUSE OF DEATH HOUR A.M. (If either, notify medical exominer) P.M (AT HOME FARM, STREET, FACTORY,) 21f. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY Street ar R.F.D. Na. City or Town County State OFFICE BUILDING, ETC While Not while at wark 22a. I certify that (1) (this haspital) attended the deceased from Lo-17 . 1968 to 6-28 19.68. that (1) (we) last saw the deceased alive on 6-25 1965, and that causes stated abave, (I) (we) (did) (did not) view the bady after death. _1968, and that in (my) (aur) apinion death accurred on the date and hour and from the 22b. SIGNATURE 22c. DATE SIGNED DEGREE PHYS. DIRECTOR 22d. PHYSICIAN'S 22e, ADDRESS NAME (Type) rac & 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BUR AL, CREMATION, 23b DATE (County) (Stote) LK+OU RÉC'D BY REGISTRAR

VR A15 30M REV



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 **CERTIFICATE OF DEATH**

		CEASED-NAME First	Middle		Fost	20. DATE UF DEATH	2b. HOUR						
	(1	ype or print) Arthur	000 pm cm 740	Pa	trick	June 19.	1968 4P. M						
	3. SE	X 4. RA	CE		S. DATE OF BIRTH	6 AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.						
		Male	Whi.te		April 17, 189	lost birthday)	MONTHS DAYS MOURS MIN						
	7e 8	BIRTHPLACE (State or foreign 7b CITIZ	ZEN OF WHAT COUNTRY?	8. MADDIED		COUNTY OF DEATH							
	R	issell Co., Va.	U.S.A.	WIDOWED		Harford Co	Md.						
	10 (ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR IN			OCCUPATION (Kind of work done	126 KIND OF BUSINESS OR						
		el Air (Rural)				ton Hand	Rail Road						
,	odmi	o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before list (ITY OR TOWN list Minister) STATE AND NUMBER Bel Air STATE NO 136. STREET AND NUMBER 136. STREET AND NUMB											
£													
1	14 1	TATHER S NAME First	Middle Lost		S. MOTHER'S MAIDEN NAME Fir		lost						
	1/	James Robert		No Iri	Sallie		Hess						
	100 Y	WAS DECEASED EVER IN U.S. ARMED FORCE (If yes give war or dates a		15 Mr	s. Alma B. Hel	r)838-3734 AddreRFD	#2,Box#335-2 . Md.21014						
		18. CAUSE OF DEATH (Enter only one co	suse per line for (a) (b) and (c))			APPRÖXIMATE INTERVAL BETWEEN ONSET AND OFATM						
		PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Corresponding Keart Facilities											
				36 min.									
		Conditions, if ony, which gove)	E TO, OR AS A CONSEQUENCE OF	50	Donata Co	rdes Valenda	,						
		rise to immediate couse (o),	E TO, OR AS A CONSEQUENCE OF	-	to collect the		4 2 4						
		stoting the underlying couse DUE	(c)			Lesoo	10.1/5"						
		PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT I	NOT RELATED 1	TO THE TERMINAL DISEASE OR CO	INDITION GIVEN IN PART 1(a)							
	NO	t 2 ,	1										
	IFICAT 0		ON FOR WHICH OPERATION WAS P	ERFORMED	200 AUTOPSY?	206 IF YES, WERE FINDINGS CO	NSIDERED IN CERTIFYING						
1	TEK				YES NO 🔀	CAUSES OF DEATH?							
	CERTI		b TIME OF INJURY		IOW INJURY OCCURRED (Enter	noture of injury in Port 1 or Port 2, 10	em 1B.)						
	MEDICAL	OR CONTRIBUTING CAUSE OF CEATH (If either, notify medical examiner)	OUR A.M. Month Doy Year P.M.	19									
		21d INIURY OCCURRED 21e PLACE OF	F INJURY (AT HOME, FARM, STREET, FA	ACTORY.) 21f L	OCATION Street or R F.D. No.	City or Town	County State						
		While Not while of work	Correct Boltonio, I.C.		4	5 0							
		220. I certify that (I) (this hasni	ital) attended the deceos	ed,frgm_	19-2	7, to Jana 19, 195	s X , that (I) (we) lost						
	П	sow the deceased alive on	1/1/(cm 2 %	19 <u>= 8</u> , a/	id that in (my) (our) apin	ion death occurred on the dat	e and hour and from the						
		couses stated above, (I) (w 226. SIGNATURE	rej (ala) (alg/nat) view the	body offer	gearn.		AVE CICARD						
		220. SIGNATURE	D 11.1	DEG DEG	ATTENDING ME	D CTACE -	ate signed • 19, 1968						
		22d. PHYSICIAN'S	e 1. Heele	200	REE PHYS. DIR	RECTOR L. PHYS. L. JULY	6 17, 1700						
1			P. Hudson, M.	D.		Hill, Harford Co.	. Maryland						
)	23o.	BURIAL, CREMATION, 23b. DATE	23c, NAME OF	CEMETERY OF		23d. LOCATION (City or Town)	(County) (Stote)						
		BELLOUIS SE SE L				Bel Air, Harford	1						
1		FUNERAL DIRECTOR W	Broadway 200	illiam	s St. 2So REC'D BY	REGISTRAR 2Sb. REGISTRAR S	SIGNATURE						
8	05	seph William Be	al Air, Maryla	nd 210	14 DATE 1118	1 2 1 1000 00%	with a Contra						

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Haurs after death Page 4 may be retained by the haspital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician (and exampletely filled in by the fit director, page 3 shauld be detached far use as the burial-transit permit. Then please vemove carban papers. Pages Sould be filed with the State Dept of Health priar ta burial, cremation, ar remaval, and in any event, within 72 hours after

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be execated within 24 hours after death

Page 4 may be retained by the hospital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and confrictery filled in by the director, page 3 should be detached for use os the buriol-transit permit. Then please remay cochan papers. Page should be filed with the State Dept of Health prior to burial, cremotion, or removol, and in ony event, within 72 hours at

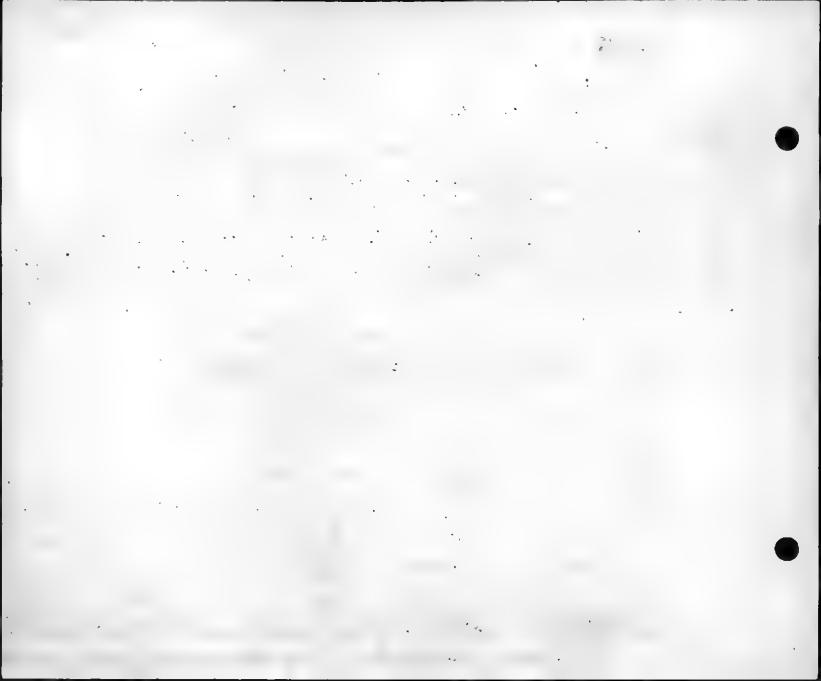
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CERTIFICATE OF DEATH

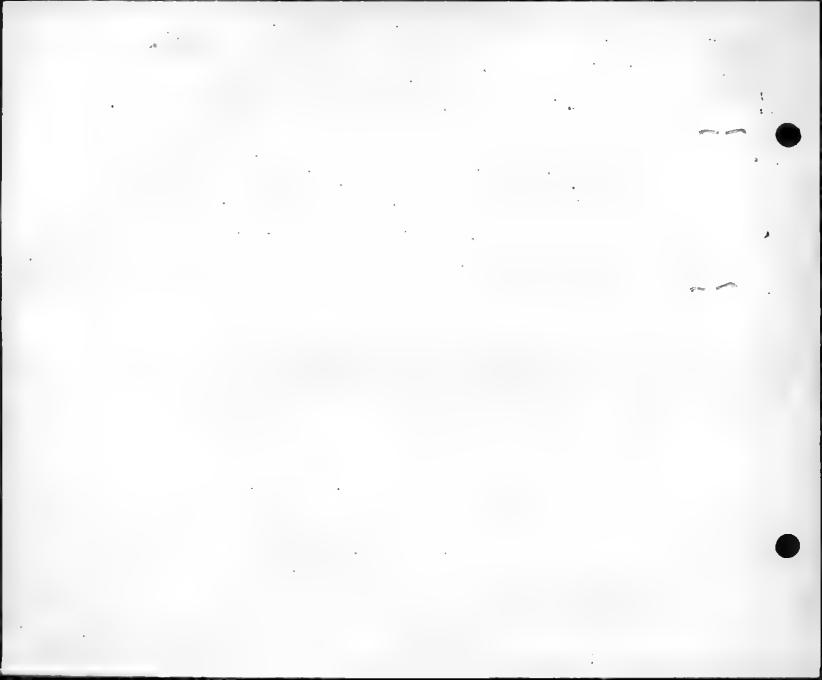
	CEASED-NAME First Middle ype at print)	0	Last	, 2a. DATE OF DEATH Month Do		2b. HOUR
L	WILLIAM MARSHA	HIL TREE	BERRY SI	Month Do	3 1918	18 PM
3. 58	** 1	S	DATE OF BIRTH	6. AGE (In years last birthday)	F JNDER I YEAR IF U	NDER 24 HRS
L	Male Colored		november 8,	1906 61 YRS	months DATS AGA	JK 3
7a. I	IRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED	NEVER MARRIED [9, COUNTY OF DEATH		
tuoi	"" Md U.S.A	WIDOWED [OIVORCED 🗌	HARFORD		Md
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ľÀ	AURC de GRACE give street oddress)	FORD MI	PHORIDL REC	ost of working life, even if retired)	Edgester	invend
	USUAL RESIDENCE (Where deceased lived, if institution Residence before	13c CITY OR TO				O ELL - G - C - C - C - C - C - C - C - C - C
adm	ssion) STATE Md 13b. COUNTY HARFORD	DARLIN	aton YES NO	Box 109	RD#2	
14.	ATHER S NAME First Middle Last	15. /	MOTHER'S MAIDEN NAME F		le	ost
	HENRY JAMES PREST	PERRY S	USAN A	NWN WASHI	rator	
160	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY		ORMANT	Address		
	es, na, ar unknawn) (If yes give wor or dates of service) 216-03-24	416 m	w. Kosa Le	e Presterry, De	arlengton	md.
	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)).)	1.	1-1/2/7	PPROX MATE I	NTERVAL
	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a)	Der a	rul my	exer acute	,	410 001111
	DUE TO, OR AS A CONSEQUENCE OF	1.11	1 1	1, ~		
	Conditions, if any, which gave)	CVV	y. v. 4	nimo		
	rise to immediate cause (a), stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	F	0			
	lost. (c)					
П	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO T	THE TERMINAL DISEASE OR C	ONDITION GIVEN IN PART 1(a)		
2	4201					
CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS P	ERFORMED	20o. AUTOPSY?	20b. IF YES, WERE FINDINGS (ONSIDERED IN CERTIF	YING
I E			YES NO	CAUSES OF DEATH?		
ER	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY		/ INJURY OCCURRED (Enter	r noture of injury in Part 1 or Port 2,	Item 18.)	
MEDICAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Yea (Iff either, natify medical examiner)	r 19				
ME	21d INJURY OCCURRED 21e. PLACE OF INJURY / AT HOME, FARM, STREET, F.		ATION Street or R.F.D. Na.	City or Town	Caunty	Stote
	While Not while of work Office editions, ETC					
П	220. I certify that (I) (this haspital) attended the decease	sed from	une 23,190	3, to JUNE 2319	_68 , that (I)	(we) last
	saw the deceased alive on 52 and 2 2 3	.19 /	that in (my) (aur) opi	nian death accurred an the de	ate and haur and	fram the
П	couses stated abave, (1) (we) (did) (did not) view the	body offer de	otn.			
П	220 SIGNATURE	OEGREE		NED STAFF	DATE SIGNED	
П	22d. PHYSICIAN'S	UEGREE	PHYS O	IRECTOR L. PHYS. L.		
П	NAME (Type)		ZZW. MDDKCJS			
72.	BURIAL, CREMATION, 23b. DATE 23c. NAME OF	F CEMETERY OR CR	DEMATORY	23d. LOCATION (City or Town)	(County) (S	tote)
230.	REMOVAL (Specify) 6-26-68 Bers	600 CO	mistoria	Laclenston	The	27/
24	FUNERAL DIRECTOR ADDRES	s de	256. RECD B	1 00 000	SIGNATURE	rica.
1	11 15/4.00x le Hans	100001	Phate IIIA	126 1968 golis	res Judg	in the

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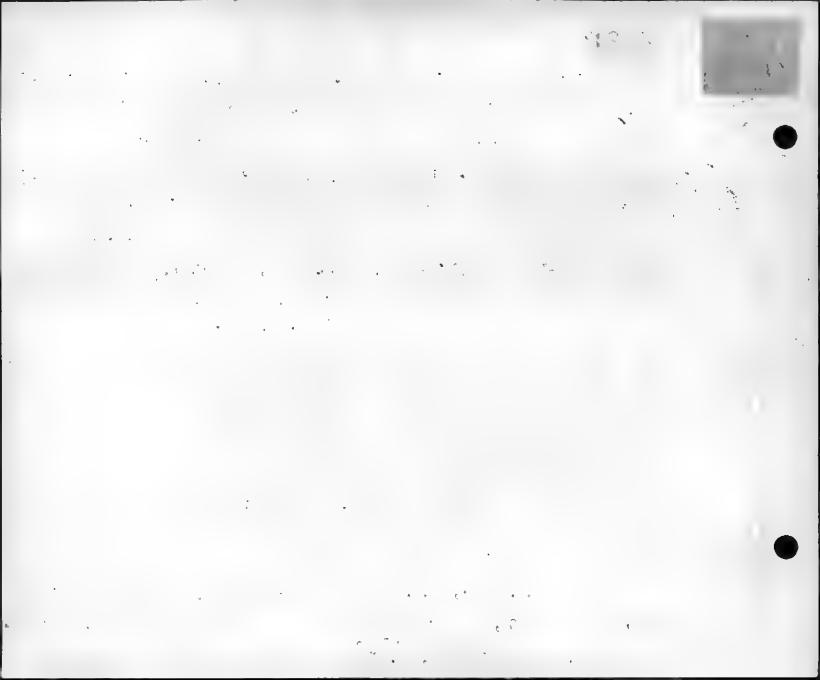


7 1 /		MAKYLAND STATE DEPAKTMENT OF HEALTH	
FOR AND	Ιt	em#2a Filming of VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	35527
FOR STATE	<u> </u>	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEAUI MAERI.		First Type or Print) Ed-1 Posight Sech-18 Tool Death Mated June	4 10E8 M
5 7 2 TE	3 5	EX 4. RACE S DATE OF BIRTH 6 AGE (In years I F UNDER 1 YEAR I IF UNDER 24 MRS 2c DATE PRONOUNCED DEAD	2d HOUR
ond 3 ond 3 ond 3 ond 3		M Jan. 11, 1920 (lest brinday) 48YRS ONYS HOURS MIN. Month Jule Day 4	Year 1968 M
2. 2. P.		BIRTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED COUNTY OF DEATH	
L sea	coun	Penna. USA WIDOWED Harford	Md
2 ag	10 (Th. KIND OF BUSINESS OR
ve l		Bel Air, Md. Commercial & Savings Banker Banker	Banking
ofter death	130	USUAL RESIDENCE (Where deceased lived, if institution Residence before 13x CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER dmission) STATE Md 13b. COUNTY Harford Dollars 12b. 13c. STREET AND NUMBER	
280	<u> </u>	BEL AIT	ne
24 hours ofter death	14. F	ATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle	lost
24		Noah G. Sechrist Bertha I.	Arnold
	160.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS Be 1	Air, Md.
₩.	_ '.	(es, qo, or unknown) WW II 186-18-9036 Mrs. Gail Sechrist. 4 Tre	enton Lane
TO .		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c)) PART I. DEATH WAS CAUSED BY:	APPROX MATE INTERVA. BETWEEN ONSET AND GEATH
Cette		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) 6-5 W Cerebonus	
ef N sit		7.5.5 X DUE TO, OR AS A CONSEQUENCE OF	
pen pen iief N ansit		Conditions, if only, which gove rise to immediate couse (a).	
should is e word the Ch uriol-tra in any		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
should be not word "per to the Chief buriol-transit in any even		lost. (c)	
This certificate should be executed with n tote, writing the word "pend" be forwarded to the Chief N I be used as a buriol-transit or removal, and in any even		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
frica fring index al, o	z	776X	
This certificate icote, writing the forwarded to do be used as of or removal, and	CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
his ote, be to	Z IFI		YES 🔲 NO 💢
4 _ 2 0	1 (8	216 EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING FT HOUR ARE PRIMARY OR CONTRIBUTING FT HOUR ARE	18.)
KAMINER: te the certi ge 4 should four files. oge 3 shou cremation,	MEDICAL	CAUSE OF SEATH 547PM6 - 4 19 3 No seef	
MIN the the the the mat	₹.	21d INJURY OCCURRED 21e PLACE OF New Y (At home, form, street, Joctory, office building, etc.) 21f LOCAT ON Street or R F D No. City or Town	County State
EXAM ute th uge 4 your Poge , crem		WHILE AT WORK AT WORK COM THE STATE OF THE BUILDING, etc.) (+5 xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	D. 100
ICAL E executor. Pay ed for CTOR: f buriol,		22a certify that a took charge of the remains described above, held an Autopsy , Inspection , Inquiry	and in my apinian
DEPUTY SICAL EXAMINER: scessary, please execute the certific funeral director. Page 4 should may be retained for your files. FUNERAL DIRECTOR: Page 3 should prior to buriol, cremation.		death resulted fram: Natural causes , Accident , Suicide , Hamicide Undetermined manner	
pleose I directs retainer DIREC		CHIEF MEDICAL EXAMINER DE BOOK	ñ mt
y, ple erol di be reto RAL Di prior		SIGNATURE LEVELUE O OVENNE MD ASSISTANT MEDICAL EXAMINER 226 DATE SIGNATURE	GNED
EPUTY DICA issary, pleose e funerol director ay be retained ineral Directification to but		EXAMINER'S DEPUTY MEDICAL EXAMINER &	1-6
		NAME (Type) OCT dia E 13/Me) - "ADDRESS(Street, city, town, or county)	-
5 5 5 × 5 ×	230		County) (State)
		RECYPTED June 7,1968 Windsor Union Cemetery Windsor	York Pa.
VD +15-45 (5)	24	FUNERAL DIRECTOR W. Broadway & williams & 250 RECD BY REGISTRAR 2	NATURE
VR A15ME (5) 10M REV. 1/68	-	Toueph william Foster BEI Air, Many a williams St DATEJUN 24 1968 Illians	1
		The state of the s	



VR A15 (4) 30M REV 1/68

CERTIFICATE OF DEATH Last 2n. DATE OF DEATH 2b. HOUR ederes S. DATE OF BIRTH 6 AGE (In years EF UNDER I YEAR last birthday) MONTHS 2 October 1896 9. COUNTY OF DEATH 8. MARRIED T NEVER MARRIED WIDOWED [DIVORCED [11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during mast of warking life, even if retired) INDUSTRY Restaurant 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER NO X Lost Unknown 16h SOCIAL SECURITY NO 17. INFORMANT - Address 1.73-03-771.0-Steve Karas Aberdeen, Maryland BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 195. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Do. AUTOPSY? CAUSES OF DEATH? YES 🖂 NO I 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) 216 PLACE OF INJURY (AT MOME, FARM, STREET, FACTORY.) 21F. LOCATION Street or R.F.D. No City or Town County State 22a. I certify that (I) (this haspital) attended the deceased from 6-22-, 1968, to 6-27, 1968, that (I) (we) last saw the deceased alive an 6-27, 1968, and that in (my) (aur) apinian death accurred an the date and have and from the causes stated above, (I) (we) (did) (did not) view the bady after death. 22c. DATE SIGNED ATTENDING MED DIRECTOR STAFF PHYS. DEGREE PHYS. 22a, ADDRESS Maryland Havre de Grace 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) (Harford) Maryland Bakers Cemetery Aberdeen, 24 . FUNERAL DIRECTOR 25g. REC'D BY REGISTRAR 2Sb. REGISTRAR'S Tarring Funeral Home Aberdeen, Md. 21001



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2g DATE OF DEATH 2b HOUR requires that the death certificate be executed within 24 hours after death (Type or print) Alovse Shipley Anne 10P June 4 RACE S DATE OF BIRTH 3. SEX IF UNDER 1 YEAR IF UNDER 24 HRS 6. AGE (In years Female white Dec. 27,1900 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED (** NEVER MARRIED (**) Harford Marvland U.S.A. WIDOWED [DIVORCED [campletely filled in 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in bospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street address) 109 Powell Avenue during mast of working life, even if retired.) INDUSTRY Bel Air U.S. Govt Adm. A ssistant 13a. USJAL RESIDENCE (Where deceased lived, if institution Residence before 13c. CITY OR TOWN 38 INSIDE CITY JMITS? 13e. STREET AND NUMBER YES NO 109 Powell Avenue Harford Bel Air 14 FATHER'S NAME First w. 24-Last IS MOTHER'S MAIDEN NAME First M.ddle Johanna Hartigan James Par Whaland physician g 17 INFORMANT (husband 238-576109 Powers Avenue 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Yes, na, ar unknown) Percy B. Shipley 220-20-7682 Bel Air, Md. 21014 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY.

IMMEDIATE CAUSE (a) CARDIO-RESP, FAILURE DUE TO, OR AS A CONSEQUENCE OF PLETASTATIC CARCONOMAR Conditions, if ony, which gove) burial-transit rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been os the 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? CAUSES OF DEATH? YES [NO 🕞 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) 21d. INJURY OCCURRED
While Not while at work 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS MED. DIRECTOR June 20,1968 director, page 3 should be filed v DEGREE 22e ADDRESS 401 Franklin St., Bel Air, Md. 21014 22d. PHYSICIAN'S H. Proctor Sidwell, MD. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o. BURIAL, CREMATION, REMOVAL (Specify) 23b DATE (County) June22,1968 St. Ignatius Cemetery Hickory, Har. Co., Maryland Burial W. Broadway& William 250 RECT BY REGISTRAR Bel Air, Maryland 210 UN 21 25b. REGISTRAR S SIGNATURE Joseph William Foster McCharley Judge The william Foton



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle Last 20. DATE OF DEATH

				`									
1	DECEASED NAME	First		Middle		Last		2a. DATE OF	DEATH			2b. F	HOUR
1	(Type or print)	HELEN		м.	SI	TTH		June	Month 5	Doy 1	758	[43	23
3.	SEX		4. RACE			DATE OF BIR	TH		6 AGE (In years	1F JNDI	R I YEAR	IF JNDER	
	Female			ıcasian				,	last_birthday)	MONTHS	DAYS	HOURS	MIN.
L							6 , 1 92		77.1	YRS.			
70	. BIRTHPLACE (State or	foreign 7b.	CITIZEN OF WHA	IT COUNTRY?	B. MARRIED	CNEVER MARR	RIED 🔲 📗	COUNTY OF					
1"	W. Virg	inia 🕆	U.S.A.		WIDOWED [DIVORO		Han	rford				Mo
10	CITY OR TOWN OF DE	ATH	11 NAM	AE OF HOSPITAL OR INS	TITUTION (If not	in hospitol			(Kind of work do		KIND OF	BUSINESS	OR
	Havre de G	race	give st	Harford I	demorri a		distring mo	st of working	life, øven if retire LST	id.) IND	ustry ospit	7	
12	A LICITAL DECIDENCE OF	(harn daranead f			13c CITY OR TO		3d. IHSIOE CITY LIA		REET AND NUMBER		IShTi	rgT.	
00	mission) STATE Mar	-3 3	136 COUNTY H	O 3	1								
					Aberde	serr		And to 1	oute #2,		10U-1		
11/		First	Middle	Lost	15. /	NOTHER'S MAI	IDEN NAME FI		Middl	-		Last	
L	R	obert	S.	Snyder			Vi	ola		Rob:	inso	n	
To	6a. WAS DECEASED EVER			16b. SOCIAL SECURITY I	10. 17. INF	ORMANT			Addres	ss			
L	Yes, not 87 unknown)	(If yes give wor or	drag or service)	216-18-17	39 L	ster !	L. Smi	th, Al	erdeen.	Mary	lan	đ	
F	18 CAUSE OF DEA	TH (Fotor only a		(c).		11 1		1				MATE INTERV	
	PART I. DEATH	WAS CAUSED BY	t-			ر بلہ	1 sugar	116	retisa	^	BI WAFEN OF	WASS	
	# ,	1MMEDIATE ((BOW)	ANAGA		1 7 7 7		10/10/11	_	W	VP (U	er .
Н	1.14.X	1.1		A CONSEQUENCE OF	L		K+	B.	-0-1		30	l.	
L	Conditions, if ony, inserto immediate		(b)	ZW and and		1 27	101	<u> </u>	17 29		ON.	M	<u>5 ·</u>
1	stoting the underly	ying couse	DUE TO, OR AS	A CONSEQUENCE OF					,			•	
н	last.)	(c)										
П	PART 2. OTHER SIGI	NIFICANT CONDITI	IONS CONTRIBUTI	NG TO DEATH BUT N	OT RELATED TO 1	HE TERMINAL	DISEASE ORCO	INDITION GIVE	IN PART 1(a)				
Ι.	-1, -7 -												
3	190. DATE OF OPERAT	ION 1195 CON	DITION FOR WHIC	H OPERATION WAS PE	RFORMED	20a. AUTOP	SY?	20b. JF	YES, WERE FINDIN	IGS CONSIDE	RED IN CE	RTIFYING	,
ZΕ	5					YES	NO 🗆		OF DEATH?			_	
Feed	21a ACCIDENT WAS	LINDEDI VINC	Ton There or	HILIDY	nı, upu		_		D 4.1 D	. 0 1 10			
_			21b. TIME OF HOUR A.M.	Month Day Year	ZIC HUN	INDUKT UCCU	JKKED (Enfer	nature at inju	y in Part 1 ar Pai	11 Z, ITEM 18)		
į	OR CONTRIBUT.HG	dical exominer)	P.M.	19)								
1	~ I ZIG. HIJUKI UCCUK	RED 21e. PLA	CE OF INJURY (AT HOME, FARM, STREET, FAC DEFICE BUILDING, ETC.	TORY.) 21f. LOCA	TION Street	or R.F.D. Na	City	or Town	Cour	ily	St	tate
L	While Nat while	° 🗀				N	10-00		~	10			
1	22a. I ceptify t	hot (I) Athis h	a soitali Duta	and nat) view to	dafrem	- (1)	J 2 19	, toU	7-9-	1969	, that	(I) (we	e) las
1	saw/the d	eceased alive	on A	或 6 2 1 3	9 and	hat in (my) (aur) opir	nion death o	ccurred on th	e dote on	d hour o	and fra	m the
н	causes sta	tell above, (I) (we)(did) (did nat) view t	body j aft e r de	oth.	. /						
П	22b. SIGNATURE				1 6	ATTENDING				224 DATE SI	ONED ('N/	
	1 V	M	VIM	MARA . 1	M - DIGREE	PHYS	G 🗹 MI	RECTOR	STAFF PHYS.	10-	9 -		
н	22d PHYSICIAN'S	VIV				22e ADDR	ESS					0	
	NAME (Type)	Pete:	r P. Ro	iman, M.I).	8 Tias	w Stre	et. Al	erdeen.	Mam	rland	4	
2	20 BIID AL CDEMATICAL	, 23b DATE		23c MAME OF	CEMETERY OR CE				N (City or Town)	(Cou		(Stote)	
1	BUR AL, CREMATION, REMOVAL (Specify) Burlal		ne 1 968				3	1		,	* *	. ,	7
L	RITTIAL	1/// 1444	MA I OAK	I Line 1 Ann	ייד בא מדוכה פון	19 [29]	ranc	I KOT A-	IT'. (HA	rford	MA	rvla	mo
		10/000		Bel Ai	TIGHTOT	TOT COL			OCL DECLEVE	T TO T C	TACE		
2	4. ENNERAL DIRECTOR	of	T	arring Thu	neral H	ome	2Sa. REC D BY	REGISTRAR	2Sb. REGISTE	RAR'S SIGNAT	URE		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital ar attending physician.



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Joppa

1968

250 REC'D BY REGISTRAR

DATE

Oppa Harford
25b. REGISTRAR'S SIGNATURE

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

SEX		JC526		C	ERTIFI	CATE OF	DEATH				-
S. SEX A RACE S. DATE OF BIRTH S. DATE OF BI					7.	Last	1 /2	2a. DATE O	F DEATH Month D	Yeor Z	2b. HOL
A. RATHER S NAME First MARKED DECEASE NOT TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (finat measure) DECEASE OF DEATH (But only one cause per line for (o), (o), and (a)) PART I DEATH WAS CAUSED BY PART I DEATH WAS CAUSE BY IVEN DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gave Bis 10 in mediator cause (a), Stating the underlying cause But 100, OR AS A CONSEQUENCE OF (b) 100, OR AS A CONSEQUENCE OF (c) 100, OR AS A CONSEQUENCE OF (d) 100, OR AS A CONSEQUENCE	. SE	mole	4 RACE	UKBER UTE	<u>[lm</u>			2	6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS DAYS	I F UNDER 24
A FATHER'S NAME First Middle Lost Jamen Lawry For During on Unknown of Death Hove to develop disease) Jamen Lawry For During on Conditions, if any, which gove me to forw disease of the Lawry lawrence of the Conditions, if any, which gove me to lawrence of the Conditions for Which Government of Loss for Death Hove Conditions, if any, which gove me to lawrence of the Conditions for Which Government of Loss for Death Was Country one couse of the Conditions of the Conditio	our	VIRGINIA	45K	2	WIDOWE	DIVO	KIED	9. COUNTY O		hed	
## ATTIMETALE OF DEATH (Enter only one cause per line for (o. (b.) and (d.) 18. CAUSE OF DEATH (Enter only one cause per line for (o. (b.) and (d.) 19. DATE OF OPERATION 19. CONDITION FOR WHICH OPERATION WAS PERFORMED 190. DATE OF OPERATION 190. CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAYED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 20. AUTOSYT	4	AVRE de GRACE	med gives	reet address)	lues is	10 Hom	during mo	ol nake	life, even if etired.	INDUSTRY	_
Go WAS DECEASED FUN U.S. ARMED FORCES? Yes, no, or unknown) If yes one were deceased as everely 10b SOCIAL SECURITY NO 17 INFORMANT 220-20-7820 175 Yes Table Table 18. CAUSE OF DEATH (Enter only one course per line for (o), (b), and (c)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF PART 2-OTHER/SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING 210. ACCIDENT WA	Ja Jm	STATE Laryland	33b. COUNTY	an: Residence before	/			1.00.0		le Road	
WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) If yes you ward or dave of service) IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)] PART 1 DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave use of dave of dave of service) DUE TO, OR AS A CONSEQUENCE OF (c) PART 2_OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BULLNOT RELAYED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Let Conditions of the condition	. F	FATHER'S NAME First	Middle	Lost		IS. MOTHER'S M			Middle		
Yes, no, or unknown) III yes yow were admental service) 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (t)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF INSE to immediate cause (a), stating the underlying cause (b) DUE TO, OR AS A CONSEQUENCE OF Insection of immediate cause (a), stating the underlying cause (c) PART 2_OTHER/SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BULLNOT RELAYED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) PART 2_OTHER/SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING 191. CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 192. CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 192. CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 193. INDICATE THE OFFICE OF INJURY 210. ACCIDENT WAS UNDERLYING 192. CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 192. CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 193. INDICATE THE OFFICE OFFI INJURY 210. ACCIDENT WAS UNDERLYING 193. INDICATE THE OFFI INJURY 210. ACCIDENT WAS UNDERLYING 194. CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 195. INDICATE THE OFFI INJURY 210. ACCIDENT WAS UNDERLYING 194. CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 195. INDICATE THE OFFI INJURY 210. ACCIDENT WAS UNDERLYING 195. INDICATE THE OFFI INJURY 210. ACCIDENT WAS UNDERLYING 210. ACCIDENT WAS UNDERLYING 196. CAUSES OF DEATH 210. ACCIDENT WAS UNDERLYING 196. CAUSES OF DEATH 210. ACCIDENT WAS UNDERLYING 196. CA			9m 9m					Amanda			Byrne
B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c)). PART 1 DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DIE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave is to immediate cause (a), stating the underlying cause lost 1 / C DUE TO, OR AS A CONSEQUENCE OF Ci	a Y	WAS DECEASED EVER IN U.S. ARN es. no. or unknown) (If yes give w									
BETWHEN ONSET AND DEATH (Enter only one cause per line for (o). (b). and (c).	_			220-20-78	20/	/ Mrs. I	attie	G. Tim	berlake, 2		
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 19c. OTHER DISTANCE CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 ar Part 2, Item 18.) 19d. In part 1 ar Part 2, Item 18.) 21d. In part 2 are part 2, Item 18.) 21d. In part 2 are part 2 are part 2. 21d. In part 2 are part 2 are part 2. 21d. In part 2 are part 2 are part 2. 21d. In part 3 are part 2 are part 2. 21d. In part 3 are part 2 are part 2. 21d. In part 3 are part 3 are part 3 are part 3. 21d. In part 3 are part 3 are part 3 are part 3. 21d. In part 3 are part 3 are part 3 are part 3. 21d. In part 3 are part 3 are part 3 are part 3. 21d. In part 3 are part 3 are part 3 are part 3. 21d. In part 3 are part 3 are part 3 are part 3. 21d. In part 3 are part 3 are part 3 are part 3. 21d. In part 3 are part 3 are part 3 are part 3 are part 3. 21d. In part 3 are part		IMMEDIA Canditians, if any, which gave rise to immediate couse (a),	TE CAUSE (o) DUE TO, OR AS (b)(A CONSEQUENCE OF	ren	Stom	ach		- raing	4-	Eck 6 lm
190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) 21d IN. JRY OCCURRED 21e PLACE OF INJURY (AT HOME FARM, STREET FACTORY) 21f. LOCATION Street or RFD Na City or Town Caunty Statement of Wark 19 Caunty 19		last /K/x	(c)	INC TO BEATH DIT NO	T DELATED	THE TERMINA	1 DISEASE OOG	ONDITION CIVI	IN IN DART 1/-\		
OR CONTRIBUTING CAUSE OF BEAM HOUR A.M. Month Day - Year 19 21d IN.J.RY OCCURRED 21e PLACE OF INJURY (AT HOME FARM, STREEF FACTORY) 21f. LOCATION Street or R.F.D. No. City or Town County States of the street of two posts of two	N	(DA.S. ((2	1 11/2	2 0 4	()		IN IN PART I(U)		
OR CONTRIBUTING CAUSE OF BEAM HOUR A.M. Month Day - Year 19 21d IN.J.RY OCCURRED 21e PLACE OF INJURY (AT HOME FARM, STREEF FACTORY) 21f. LOCATION Street or R.F.D. No. City or Town County States of the street of two posts of two	RIFFICATION	-		CH OPERATION WAS PER		YES [NO X	CAUSE	S OF DEATH?		ERTIFYING
While Not work of work of work of the Bullipmic, FTC 22a. I certify that (I) (this hospital) attended the dereosed from Causes stated above, (I) (we) (did) (did nat) vipo the body after death. 22b. SIGNATURE 22c. DATE SIGNED 22c. DATE SIGNED 22d. PHYSICIAN'S NAME (Type) False of Cause Attended to the dereosed from	3	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M.	Month Doy Year		HOW INJURY OC	CURRED (Enter	noture of inju	ory in Part 1 or Part 2	2, Item 18.)	
saw the deceased alive on Find Start 19 65, and that in (my) (our) opinion death accurred on the date and haur and from causes stated abave, (I) (we) (did) (did nat) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED 22c. DATE SIGNED 22d. PHYSICIAN'S NAME (Type) Fabruar de Loo M. D 22e ADDRESS Caure de Graec Mae		ot wark of wark				11.					State
22b. SIGNATURE LIGHT DEGREE ATTENDING MED DIRECTOR STAFF DIRECTOR STAFF DIRECTOR DI		saw the deceased a	ive on The	W X 76 19	LOKO	nddhot in (m	/2/, 19/6 iy) (our) opii	nion death	accurred on the	9 <u>(~ ()</u> , that date and haur	r (I) (we) ond from
NAME (Type) Fillward C. Loo, M.D Haire ac Egrace luc	-	£2.	Azel	Cloo	ens de	REE PHYS		ED RECTOR	STAFF -	c. DATE SIGNED	168
		NAME (Type)	vard (P. 1.00		D -	ORESS //Z	Rive	de	prace	Mic

Son, Abingdon,

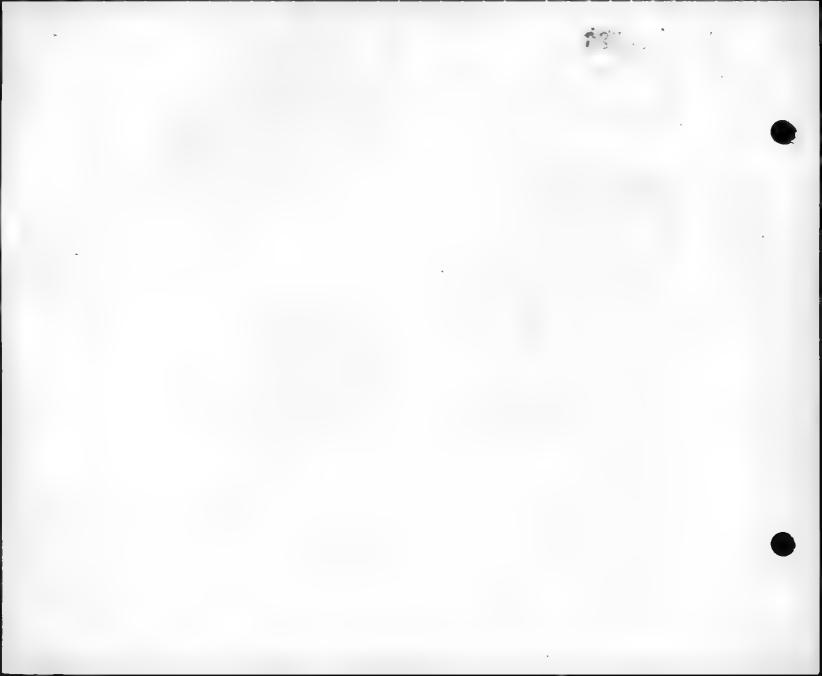
O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Poshauld be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, within 72 haurs Page 4 may be retained by the haspital ar attending physician. JOM REV.

REMOVAL (Specify)

24. FUNERAL DIRECTOR

Howard K. McComas

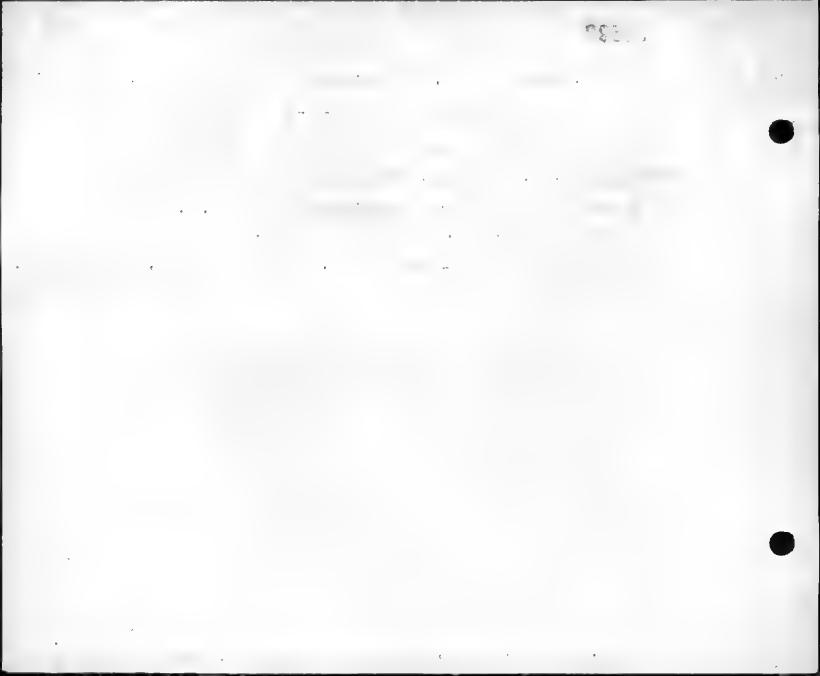
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME Last 2g. DATE OF GEATH First Middle 2b HOUR (Type or print) Month 8:30 Matti 1968 6. AGE (In years lost birthday) IF UNDER 24 HRS. 3 SEX IF UNDER I YEAR NOURS 07-24-95 Female White signed by the attending physician and completely filled in bit burial-transit permit. Then please remave carban papers burial, crematian, or removal, and in any event, within 72 haurs 7a BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED MEVER MARRIED country DIVORCED Virginia WIDOWFD USA Harford 10 CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12g. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR requires that the death certificate be executed within during most of working life, even if retired) INDUSTRY give street address) Havre de grace, MD. Citizens Mursing HOme Housewife 13a. LSUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER admission) STATE 13b. COUNTY NO PC YES 🗀 Mamrland 14. FATHER S NAME First Middle IS MOTHER'S MAIDEN NAME First William B. St. John Betty A. Light 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Yes no or unknown) Mrs. Leftridge Moxley, Darlington, Md. 217-09-1366 18. CAUSE OF DEATH (Enter only one cause per line for PART 1. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONFRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar to 90. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO X YES | 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either notity medical examiner) (AT HOME FARM STREET, FACTORY) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Not while of work TENDING 22a. I certify that (1) (this hospital) aftended the deceased from from 5, 1968, to 5///, 1968, that (1) (we) last and thot in (my) (our) opinion death accorded an the date and hour and from the saw the deceased alive oncouses stated above, (I) (we) (did) (did nat) view the body after death 22b SIGNATURE 22c. DATE SIGNED **ATTENDING** DIRECTOR 22d. PHYSICIAN S 22e. ADDRESS NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) 23b DATE 23a. BURIAL, CREMAT ON (County) (State) 14,1968 Air Memorial June Bel Gardens . Bel Air. Harford Co. 24 FUNERAL DIRECTOR 250 REC D BY REGISTRAR 25b. REGISTRAR 5 SIGNATURE

1968

John H. Harkins, Delta, Pa.



23c. NAME OF CEMETERY OR CREMATORY

ADDRESS

Tarring Funeral Home, Aberdeen, Maryland 21001 DATE SUN

Harford Memorial Hardens

23d LOCATION (City or Town)

Aberdeen

2So REC D BY REGISTRAR

(County)

Maryland

(Harford)

2Sb. REGISTRAR S SIGNATURE

director, page shauld

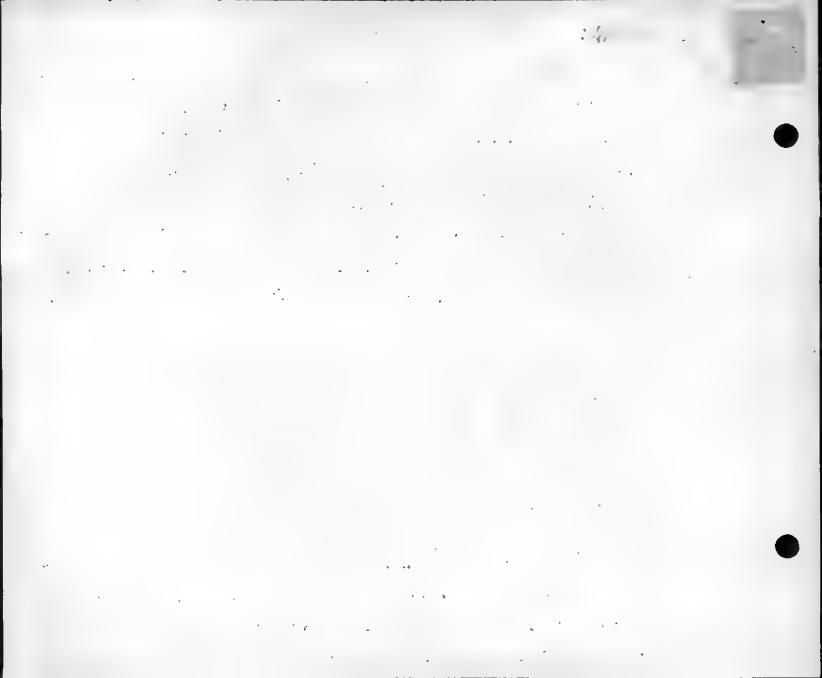
23o. BURIAL, CREMATION.

24 FUNERAL DIRECTOR

REMOVAL (Specify)

23b. DATE

9 June 68

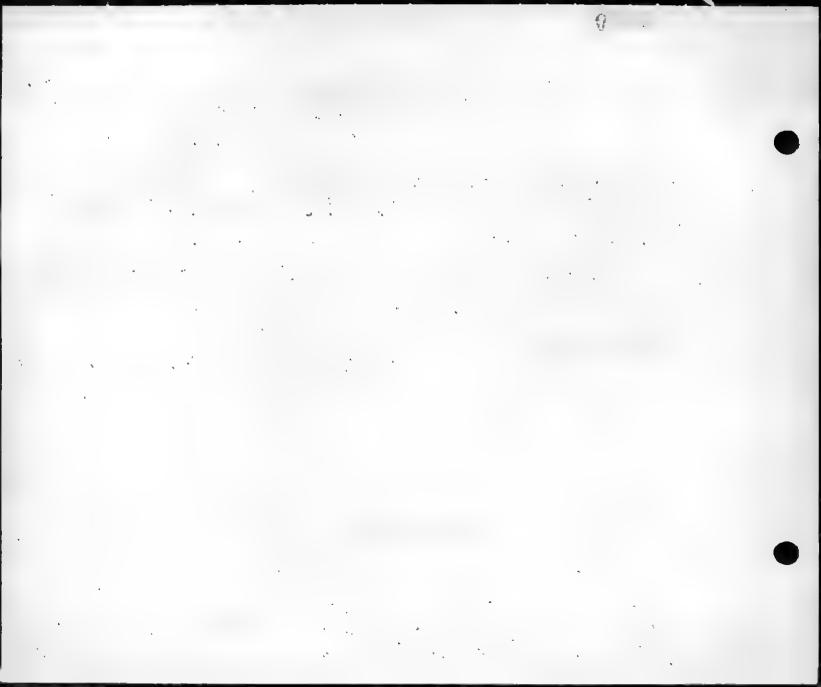


MARYLAND STATE DEPARTMENT OF HEALTH



08530 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Items7a, B. FilmG401 6/17/68km CERTIFICATE OF DEATH DECEASED-NAME 2o. DATE OF DEATH 2b. HOUR affer deoth. ■thin 24 hours offer death 9 Pub (Type or print) 4 RACE S. DATE OF BIRTH 6. AGE (In years IF LINDER YEAR IF LINDER 24 HRS 3\SEX. MONTHS HOLIPS 12-1906 buriol-transit permit. Then please remove carbon papers. Pa buriol, cremation, or removal, and in any event, within 72 hour the attending physicion and completely filled in by, sit permit. Then pleose remove corbon papers. Po 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 70 BIRTHPLACE (State or foreign MARRIED NEVER MARRIED country st Cher er Pa USA WIDOWED DIVORCED (11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH give street address) during most of working life, even if retired) INDUSTRY (Where deceosed lived, if institution Residence before 13c. CITY OR TOWN. 13d. INSIDE CITY LIMITS? requires that the death certificate be executed odmission) STATE 13b, COUNTY 14 FATHER'S NAME Middle IS. MOTHER S MAIDEN NAME First Middle Lost Lost 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no. or unknown) (Tyes give war or dates of service) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) ______ Mr. eusseme DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) rise to immediate couse (a), signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) O FUNERAL DIRECTOR: After this certificate has been for use os the 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19o. DATE OF OPERATION 20o AUTOPSY? 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES 🗀 NO [210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) be detached 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while at work 220. I certify that (I) (this hospitol) attended the deceosed from 1960, and that in (my) (our) opinion death occurred on the date and haur and from the couses stated obove, (I) (we) (did) (did nat) view the body after death. be retoined 22b. SIGNATURE 22c. DATE SIGNED DEGREE DIRECTOR PHYS 22d. PHYSICIAN'S NAME (Type) director, plnogs BURIAL CREMATION NAME OF CEMETERY OB CRPMATORY REMOVAL (Specify) 24. FLANERAL DIRECTOR 2So REC'D BY REGISTRAR REGIS'

MARYLAND STATE DEPARTMENT OF HEALTH



08531

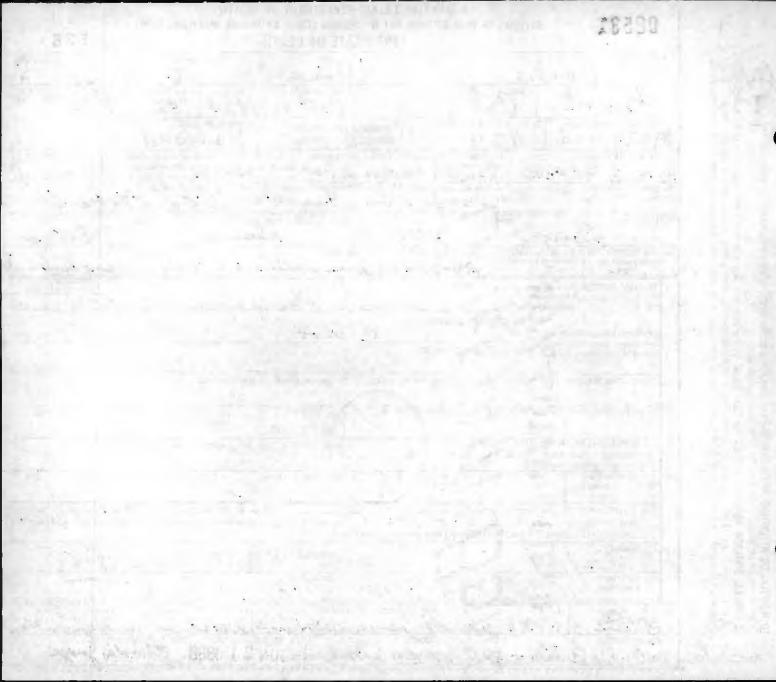
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ho Page 4 may be retained by the haspital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

08536

1											
		CEASED-NAME ype ar print)	First	Middle	W	ing	20. DATE OF	Month	Dgy Yeor	3 A-M	
Ų	3. SE	temale	4. RACE at),	5	TE OF BURNH	1884		IF UNDER 1 YEAR MONTHS DAYS (RS. 4 6	IF UNDER 24 HRS. HOURS MIN.	
	76. E	IRTHPLACE (Stote or loreig	d. USA	- v	VIDOWED 📉	DIVORCED	9. COUNTY OF	RLORD		Md	
66	10, 0	TY OR TOWN OF DEATH	Ace 11. NAM give str	NE OF HOSPITAL OR INSTITU reet piddressy Men	ution (If not in I	11 1 1 1 1		Kind of work do life, even if refire			
12		USUAL RESIDENCE (Where sision) STATE ma	deceased lived, if institution 13b. COUNTY			13d. INSIDE CITY I		REET AND WUMBER	Stokes "	St.	
1	14. F	ATHER'S NAME First	Middle	Hill	IS. MO	HER'S MAIDEN NAME	First	Middle -	El	les	
		WAS DECEASED EVER IN U. es, na, ar unknawn)	The second second	16b. SOCIAL SECURITY NO. 220-03-242	17. INFOR	7. 10	ent E.	Mrig -	ss Idanie de	Graces	
		PART 1. DEATH WAS	nter anly one cause per line CAUSED BY: AMEDIATE CAUSE (a)	e far (a), (b), and (c).)	mel.	Preum	,	٠	APPROXIM BETWEEN ON	ATE INTERVAL ISET AND DEATH	
		Canditions, if any, which gave is to immediate cause (a), (b) (b) (b)									
		stating the underlying clast.		A CONSEQUENCE OF							
	Z	PART 2. OTHER SIGNIFICA	NT CONDITIONS CONTRIBUTI	ING TO DEATH BUT NOT R	RELATED TO THE	TERMINAL DISEASE OR	CONDITION GIVE	N IN PART 1(a)			
X	TIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHIC	H OPERATION WAS PERFO	RMED 2	0o. AUTOPSY? YES NO [CALISE	YES, WERE FINDING OF DEATH?	IGS CONSIDERED IN CEI	RTIFYING	
	MEDICAL CER	21a. ACCIDENT WAS UND □ OR CONTRIBUTING □ CAUSE (1f either, natify medical	of DEATH HOUR A.M. examiner) P.M.	Month Doy Year		JURY OCCURRED (Ente		ry in Port 1 or Por	† 2, Item 18.)		
	ME	21d. INJURY OCCURRED While Not while at work	21e. PLACE OF INJURY (1		1	or Town	County	State	
		22a. I certify that (saw the decease causes stated of	l) (this hospital) atter sed alive on above, (I) (we) (did) (c	nded the deceased	from and the dy after deat	t in (my) (aur) op	60, to 6	accurred an the	19 <u>6</u> 7, that e date and haur o	(I) (we) las ind fram the	
		22b. SIGNATURE	Simin	, ,	DEGREE	ATTENDING CE	MED. DIRECTOR	STAFF PHYS.	22c. DATE SIGNED 6-18-6	8	
1		22d. PHYSICIAN'S NAME (Type)	EDWAR	DJ. 51	MOH	22e. ADDRESS HANKE	DE	GRA	CE		
2		BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 6-20-6			E.M. E Cent	4 Han			(State) L. Mid	
1K	24.	FUNERAL DIRECTOR	2 10 1 5	ADDRESS	m		9 A 10		PAR'S SIGNATURE	4.0	



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

12537

	0033%		CER	TIFICATE	OF DEATH				
	ECEASED-NAME Type ar print)	First MUEL 1	Lamilton	No	ods	2a. DATE C	DE DEATH Month	Day Year	2b. Hour
3. SI	Male	4. RACE W	hite	1	we 13th	1881 XXXX	6. AGE (In year last birthday)	TS IF UNDER 1 YE. MONTHS DI	AR IF UNDER 24 HRS. AYS HOURS MIN.
	BIRTHPLACE (Stote or foreign ntry)	7b. CITIZEN OF WH	73 "	ARRIED NEV	DIVORCED	9. COUNTY O	TORF.	ord.	Md
He	GITY OR TOWN OF DEATH	ace give st	ME OF HOSPITAL OR INSTITUT treet oddraus) 3 R TORD IF IM	orialt	during m	ost of workin	N (Kind of work ig life, even if reti	ired.) INDUSTR	O OF BUSINESS OR Y
odm	usual RESIDENCE (Where dission) STATE	13b. COUNTY	artord a	BERGE	YES N	00 R.	DH2	30X 10	4
14.	FATHER'S NAME First John H	Middle Woods	Lost	IS. MOTH	er's maiden name	rah	Mid	atherly E	Lost
	. WAS DECEASED EVER IN U.S.	ARMED FORCES?	16b. SOCIAL SECURITY NO.	17. INFORM		TT CITY	Addr		
	res, no, ar unknown) (If yes	give war or dates al service)	220-22-0614	Mia Mia	dred B. R	uppel,	Aberd	leen, Md.	
	18. CAUSE OF DEATH (Entrope PART I. DEATH WAS COMMITTED IN A Conditions, if ony, which grise to immediate cause stoting the underlying colost.	AUSED BY: MEDIATE CAUSE (a) DUE TO, OR AS OVE (a), (b) DUE TO OR AS	e far (a), (b), and (c). S A CONSEQUENCE OF S A CONSEQUENCE OF	meri	mon	Tho.	•		PROXIMATE INTERVAL EEN OWSET AND DEATH
K		T CONDITIONS CONTRIBUT	ING TO DEATH BUT NOT RE	LATED TO THE 1	ERMINAL DISEASE OR	CONDITION GIV	/EN IN PART 1(a)		
CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHI	CH OPERATION WAS PERFOR	MED 20	a. AUTOPSY? Yes \texts \text{NO}	CAHS	IF YES, WERE FIND ES OF DEATH?	DINGS CONSIDERED I	N CERTIFYING
MEDICAL CEI	21a. ACCIDENT WAS UNDER or contributingcause of the either, natify medical expenses.	PER DEATH HOUR A.M. P.M.	Month Day Yeor		URY OCCURRED (Ente	er nature of in	jury in Part 1 ar P	Part 2, Item 18.)	
M	at wark at work		AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.		Street or R.F.D. No.		ty or Tawn	County	State
	22a. I certify that (I) saw the decease causes stated al	ed alive ana	nded the deceased fr 19	, and that	in (my) (aur) ap	ninian death	accurred an t	the date and ho	
	22b. SIGNATURE	M	Mer	DEGREE	HYS.	MED. DIRECTOR	STAFF PHYS.	22c. DAJE SIGNED	64.
	22d. PHYSICIAN'S NAME (Type) Laj	os I. Mezei			Havre de	Grace,		078	
	Removal (Specify)	23b. DATE 7 June 1968		rove Ce	metery	Port		New Yor	(State)
24.	FUNERAL DIRECTOR LUCCOCCU		ring Fulleral deen, Md. 2		DATE DATE	BY REGISTRAR	968 25b. REGIS	STRAR'S SIGNATURE	coinge.

VR A15 (4) 30M REV, 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remaye carbon papers. Pog. 1. and should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any eyent, within 72 hours after death

The state of the s Allered Comments of the Commen Attack to be Dropk and the motion to the a tendent in the control of